A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 26 November 2024** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	**Welcome, Apologies and Confirmation of Quorum**		**9.30**
2.	**Declaration(s) of Interest(s)**		
3.	**Minute of Forth Valley NHS Board meeting held on 24 September 2024**	For Ratification **Pages 4 to 21**	
4.	**Matters Arising from the Minute / Action Log**	For Approval **Pages 22 to 26**	**9.35**
5.	**Chair's Report** (Verbal update by Ms Neena Mahal, Board Chair)	For Noting	**9.40**
6.	**Board Executive Team Report** (Paper presented by Professor Ross McGuffie, Chief Executive)	For Information **Pages 27 to 32**	
7.	**Patient/Staff Story – British Sign Language Plan – John's Story** (Paper presented by Mr Kevin Reith, Director of People; Ms Rachel Tardito, Equality, Diversity and Wellbeing Lead, and Ms. Stacey Gourlay, Disability Liaison Officer)	For Assurance **Pages 33 to 75**	
	8. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD		
	Governance Committee Minutes		**10.10**
8.1	**Audit & Risk Committee – 25 October 2024** (Paper presented by Cllr Fiona Collie, Committee Chair)	For Noting **Pages 76 to 83**	
8.2	**Clinical Governance Committee – 10 September 2024, and Verbal Update from meeting of 12 November 2024** (Paper presented by Dr Michele McClung, Committee Chair)	For Noting **Pages 84 to 97**	
8.3	**Performance & Resources Committee – 29 October 2024** (Paper presented by Mr Martin Fairbairn, Committee Chair)	For Noting **Pages 98 to 109**	
8.4	**Staff Governance Committee – 13 September 2024** (Paper presented by Mr Allan Rennie, Committee Chair)	For Noting **Pages 110 to 119**	
	Advisory Committee Minutes		
8.5	**Area Clinical Forum – 12 September 2024** (Paper presented by Mrs Kirstin Cassells, ACF Chair)	For Noting **Pages 120 to 125**	

8.6	**Area Partnership Forum Minute: 17 September 2024, and Verbal Update from meeting of 22 October 2024** (Paper presented by Mr Robert Clark, APF Co-Chair)	For Noting **Pages 126 to 132**	
	9. INTEGRATION JOINT BOARD MINUTES & HSCP UPDATES		**10.25**
9.1	**Clackmannanshire & Stirling Integration Joint Board – 7 August 2024** (Papers presented by Cllr David Wilson, Clackmannanshire & Stirling Integration Joint Board Chair, and Mr Allan Rennie, Clackmannanshire & Stirling Integration Joint Board Vice-Chair)	For Noting **Pages 133 to 141**	
9.2	**Falkirk Integration Joint Board – 28 June 2024** (Paper presented by Cllr Fiona Collie, Falkirk Integration Joint Board Chair)	For Noting **Pages 142 to 153**	
9.3	**Falkirk Health & Social Care Partnership Assurance Report** (Paper presented by Ms Gail Woodcock, Chief Officer Falkirk HSCP)	For Assurance **Pages 154 to 329**	
9.4	**Clackmannanshire & Stirling IJB Annual Performance Report 2023/2024** (Paper presented by Mr David Williams, Chief Officer Clackmannanshire & Stirling HSCP)	For Assurance **Pages 330 to 372**	
	RISK MANAGEMENT		
10.	**Strategic Risk Update – July-September 2024** (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Approval **Pages 373 to 392**	**10.45**
	11. GOVERNANCE		
(a) **(b)**	**Strengthening Governance: Review of Governance Committees, Non-Executive Director Portfolios and Committee Membership** **Meeting Dates 2025 & 2026** (Papers presented by Ms Neena Mahal, Board Chair)	For Approval **Pages 393 to 404** For Approval **Pages 405 to 409**	**10.55**
	STRATEGY AND PERFORMANCE		
12.	**Update on Level 3 Escalation** (Verbal Update by Mr Ross McGuffie, Chief Executive and Ms Neena Mahal, Board Chair)	For Assurance	**11.10**
13.	**Purchase of Killin Medical Practice Premises** (Paper presented by Mrs Morag Farquhar, Director of Facilities)	For Approval **Pages 410 to 415**	**11.15**
	BREAK		**11.20**
14.	**Forth Valley Whole System Winter Plan 2024/25** (Paper presented by Ms Janette Fraser, Head of Strategic Planning)	For Approval **Pages 416 to 447**	**11.30**

15.	**Performance Report** **(a) Urgent and Unscheduled Care Update and Action Plan** (Paper presented by Mr Garry Fraser, Director of Acute Services; Mr David Williams, Chief Officer Clackmannanshire & Stirling HSCP; Ms Gail Woodcock, Chief Officer Falkirk HSCP, and Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance) **(b) Performance Report** (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	(a) For Assurance **Pages 448 to 464** (b) For Assurance **Pages 465 to 484**	**11.45**
16.	**Finance Report** (Paper presented by Mr Scott Urquhart, Director of Finance)	For Noting **Pages 485 to 499**	**12.10**
17.	**Update on Safety:** **(a) Safety & Quality Report** (Paper presented by Professor Frances Dodd, Executive Nursing Director and Mr Andrew Murray, Medical Director) **(b) Healthcare Associated Infection (HAI) Reporting Template October 2024** (Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)	(a) For Assurance **Pages 500 to 514** (b) For Assurance **Pages 515 to 540**	**12.25**
18. ANY OTHER COMPETENT BUSINESS			**12.45**
19. RISKS AND REFLECTIONS			**12.55**
20.	**Date and Time of Next Meeting** Tuesday 28 January, 9.30am	For Noting	

FORTH VALLEY NHS BOARD

3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 24 September 2024
For: Ratification

Minute of the Forth Valley NHS Board Meeting held on Tuesday 24 September 2024 at 9.30am in the Boardroom, Carseview House.

Present:
Ms Neena Mahal (Board Chair)
Mrs Kirstin Cassells (Non-Executive Director)
Mr Robert Clark (Non-Executive Director)
Cllr Fiona Collie (Non-Executive Director) *from Item 5*
Ms Amanda Croft (Interim Chief Executive)
Professor Frances Dodd (Executive Nurse Director)
Mr Martin Fairbairn (Non-Executive Director)
Cllr Wendy Hamilton (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Dr Michele McClung (Non-Executive Director)
Mr Andrew Murray (Medical Director)
Mr Allan Rennie (Non-Executive Director)
Mr John Stuart (Non-Executive Director)
Mr Scott Urquhart (Director of Finance)

In Attendance:
Ms Susan Bishop (Head of Efficiency, Improvement and Innovation) *Items 12 & 13*
Ms Elsbeth Campbell (Head of Communications)
Dr Jennifer Champion (Acting Director of Public Health)
Mrs Morag Farquhar (Director of Facilities)
Mr Garry Fraser (Director of Acute Services)
Mr Jack Frawley (Board Secretary)
Professor Karen Goudie (Director of Nursing) *Item 14(a)*
Mr Jonathan Horwood (Area Infection Control Manager) *Item 17*
Mr Scott Jaffray (Director of Digital)
Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
Ms Jackie McEwan (Corporate Business Manager)
Hazel Meechan (Public Health Specialist) *Item 13*
Mr Kevin Reith (Interim Director of Human Resources)
Mr David Williams (Interim Chief Officer, Clackmannanshire & Stirling HSCP)
Ms Gail Woodcock (Chief Officer, Falkirk HSCP)

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1. Welcome, Apologies for Absence and Confirmation of Quorum
The Chair welcomed all present to the meeting.

There were no apologies. The Board meeting was quorate.

2. Declarations of Interest
There were no declarations of interest.

3. Minute of Forth Valley NHS Board Meeting held on Tuesday 30 July 2024

The minute of the meeting held on 30 July 2024, subject to previous electronic circulation and Board member approval, was **confirmed** as a correct record.

4. Matters Arising from the Minute / Action Log

The action log was reviewed, and consideration given to in progress actions. Board members noted the updates and timelines for actions 015, 021, 039, 041 and 042.

In relation to action 015 – The Population Health & Care Strategy, a question was asked on when the Scottish Government's framework was expected to be published. Dr Champion advised that the engagement process was underway and ongoing with the aim was for the strategy to be published in December 2024. This item would remain on the action log.

Board members noted that all other actions, 031, 033, 037, 038, 040, 043, 044 and 045, were complete and accordingly would be removed from the action log.

The Forth Valley NHS Board noted the Action Log and no other matters arising were intimated.

5. Chair's Report – Verbal Update by Ms Neena Mahal

The Board Chair highlighted the following:

(a) She and the Interim Chief Executive met with the Cabinet Secretary for Health & Social Care on 15 August to discuss progress on escalation. She also noted that the Assurance Board had met on 5 September with discussions being generally positive on the progress being made.

(b) Two Board Seminars had been held recently - a finance seminar on 27 August and a seminar on learning from escalation on 3 September. The next Board Seminar would take place on 8 October with topics being Finance, Winter Planning and Integration Refresher.

(c) The Board Chair had attended a number of visits meeting with the Executive members of the Ethnic Diversity Forum to discuss their work and collaboration on the commitment to develop an Anti-Racism Action Plan as set out in the Cabinet Secretary's statement, and the Scottish Centre for Simulation & Clinical Human Factors, which was Forth Valley's state of the art multi-professional training facility and the only high-fidelity simulation centre in Scotland. She stated that it was an impressive learning and education tool which was being used to improve the safety and quality of care. It was suggested that this could possibly be a future Board item or visit for Board Members.

She had also visited the Orthopaedics Outpatient service and highlighted the good work and impact of the service in handling patients from NHS Greater Glasgow & Clyde to assist in addressing their waiting list. Mr Fraser noted that this was part of the National Treatment Centre work and that 450 patients from NHS Greater Glasgow & Clyde would be seen by the end of the year.

The Board Chair advised that she would undertake some joint visits with the incoming Chief Executive and asked for suggestions of appropriate areas for visits to be provided out with the meeting.

(d) The Board Chair paid tribute to the work which had taken place leading to the unveiling of the Organ and Tissue Donation memorial wall at Forth Valley

Royal. She noted that it had been humbling to hear the stories of donors, recipients and families and commended all those involved in highlighting this important issue.

(e) The Board Chair led the Board in expressing its congratulations to Ms Kerry Mackenzie on her appointment as Acting Director of Strategic Planning & Performance and paid tribute to Cllr McGarvey for his dedicated service to NHS Forth Valley during the period of his appointment which had ceased on 16 September 2024. She also noted that the successor Stirling Council representative, Cllr David Wilson, had recently received approval from the Cabinet Secretary for Health & Social Care to join the NHS Board from 23 September 2024.

A question was asked on whether the Simulation Centre was for acute only or whole system. Mr Murray confirmed that Forth Valley's Simulation Centre was the national Simulation Centre and was part funded by NHS Education for Scotland. The Clinical Lead for Frailty was involved and provided linkages to the Health & Social Care Partnerships locally.

Further to the update provided by the Board Chair, Mr Clark noted that staff side representatives had met with the Chair of the Assurance Board and that discussions had also been positive.

The Forth Valley NHS Board noted the update from the Board Chair.

Cllr Collie joined the meeting during consideration of the previous item.

6. Chief Executive's Report – Verbal Update by Ms Amanda Croft

The Interim Chief Executive highlighted the following:

(a) The latest SLT Update had included a video message from the Interim Chief Executive, and updates from Garry Fraser, Director of Acute Services and Gail Woodcock, Chief Officer – Falkirk Health & Social Care Partnership. A Culture Change online question and answer session, open to all staff, had been held on 12 September.

(b) An update was provided on the review of the Integration Schemes. The four Chief Executives had met with the review facilitator and given comments on the draft schemes. There would be a further session at the end of October with the Chief Executives. The public consultation on the Clackmannanshire & Stirling Integration Scheme was currently live. A Board Seminar including a general overview on integration would take place on 8 October with a further Board Seminar on 5 November which would cover the detail of the draft schemes and allow for Board comments to be included in the review process. It was anticipated that the revised schemes would be considered by the Board at its January meeting. The date for parliamentary consideration was to be confirmed but was likely to be in February 2025.

(c) Feedback from the meeting with John Burns, Chief Operating Officer NHS Scotland, was that that there were clear actions in place on the plan for urgent & unscheduled care. There was also clarity around the improvement expectations. He had noted that the culture and leadership were very different and that a whole system approach was now in place. Meetings with the Scottish Government on this would move to being monthly rather than

fortnightly and it was recognised that actions sought to achieve sustainable changes rather than quick wins.

The Forth Valley NHS Board noted the update from the Interim Chief Executive.

7. Patient/Staff Story – Organ and Tissue Donation Week

The Forth Valley NHS Board considered a report for assurance, presented by Mr Rennie, which provided an update on organ and tissue donation matters.

The Board received a video update which highlighted the personal story of Jane, a lay member of the organ and tissue donation committee in Forth Valley. The Organ and Tissue Donation Committee had overseen the installation of the 'Everyone Everyday Evermore' memorial artwork at Forth Valley Royal Hospital. The Board also heard from Dr Abigail Short, the Clinical Lead for Organ Donation in Forth Valley and Dr Helen Tyler, Regional Clinical Lead for Organ Donation in Scotland.

The Board thanked those involved in the production of the video for their work and also extended its thanks to all those involved in the work of the Forth Valley Organ and Tissue Donation Committee.

Key messages in the report included:-

(i) Despite legislation changing to an 'Opt Out' system of organ donation in Scotland in 2021, there remained a significant gap between the number of organ donors each year and the number of patients waiting for a life-saving transplant.
(ii) Less than 1% of deaths in Scotland were in circumstances that made consideration of organ donation possible.
(iii) The importance that clinical systems were robust and well delivered to maximise success and ensure there were no missed opportunities for donation.
(iv) Individuals were encouraged to document a decision on the Organ Donor Register and discuss their wishes with loved ones.

The following points were made in discussion:-

(i) The importance of individuals making organ donation wishes known to their families in order to help boost the number of donations.
(ii) Clarification was sought on the processes of the opt out system and family rights on decision making. Mr Rennie noted that the decision came down to the family and that being on the organ donation register did not guarantee that donation would be pursued by the family, as the decision makers.
(iii) There had been progress with the number of people registered in Forth Valley from 115,000 at the time of the change to opt out rising to 156,000 now. There was a risk of these numbers flattening out.
(iv) Local case studies with families impacted by donation were to be included in publicity materials on the Board's internet. It was requested that this material was shared with Board members and the Senior Leadership Team (SLT).

The Forth Valley NHS Board:

(1) celebrated the work of local teams in delivering best practice in organ and tissue donation, for the benefit of patients and their loved ones;
(2) recognised the continued need for promotional work and support of projects to raise awareness of organ and tissue donation within the Forth Valley population, and the voluntary time given to this by committed individuals, and

(3) was assured that through the Memorandum of Understanding with NHS Blood and Transplant, the application of national standards, and the provision of a high functioning Organ and Tissue Donation Committee, our hospital delivered quality care in organ and tissue donation.

Action

(1) Board members requested that case studies and video links were shared with the Board and Senior Leadership Team. **Elsbeth Campbell**

8. Committee Minutes

8.1 Clinical Governance Committee: 9 July 2024

The Forth Valley NHS Board received the Clinical Governance Committee Minute of the meeting held on 9 July 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Dr McClung, advised that a further meeting had taken place on 10 September 2024 and that it had included a new agenda item 'Emerging Clinical Issues'. She would alert the Board of any issues it needed awareness of as they arose.

The Forth Valley NHS Board noted the key issues highlighted from the Clinical Governance Committee meeting of 9 July 2024 and the verbal update on the meeting of 10 September.

8.2 Escalation Performance & Resources Committee: 14 August 2024.

The Forth Valley NHS Board received the Escalation Performance & Resources Committee Minute of the meeting held on 14 August 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Mr Fairbairn noted that there was a recommendation to stand down this Committee within the paper on Governance Item 11 on the Board's agenda.

The Forth Valley NHS Board noted the key issues highlighted from the Escalation Performance & Resources Committee meetings of 14 August 2024.

8.3 Performance & Resources Committee: 27 August 2024.

The Forth Valley NHS Board received the Performance & Resources Committee Minute of the meeting held on 27 August 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Mr Fairbairn, noted that the update on information governance had been helpful. There was evidence that freedom of information request handling was improving but that the situation was fragile and would require continued focus. Performance metrics around Primary Care were to be developed and the performance of urgent & unscheduled care would continue to be looked at as a very important area. He noted that the committee had asked for reconsideration of how the Environment & Sustainability risk was defined given the changed Scottish Government funding position. The Committee was reasonably assured by the systems of financial control in place.

A question was asked on cyber resilience relating to service continuity plans and the testing of these. Mr Jaffray advised that this significant piece of work was

ongoing. There were operational level agreements and testing was planned in the next month. It was important to ensure that business continuity flowed for service and digital delivery.

The Forth Valley NHS Board noted the key issues highlighted from the Performance & Resources Committee meeting of 27 August 2024.

8.4 Staff Governance Committee: 29 July 2024

The Forth Valley NHS Board received the Staff Governance Committee Minute of the meeting held on 29 July 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Mr Rennie, provided a verbal update of the meeting on 13 September 2024 and noted that sickness absence remained a key issue for the Committee. There was not just an impact on staff welfare but also a financial impact for the organisation. There was variation across departments with signs of progress and clear PDR objectives. More colleagues were now having conversations which provided an opportunity to raise concerns. Absence was noted as a national issue and that early intervention and mediation were important. In terms of Primary Care Sustainability the Committee had decided not to approve the reduction of the risk rating as more detail on controls was sought.

The Forth Valley NHS Board noted the key issues highlighted from the Staff Governance Committee meeting of 29 July 2024 and the verbal update on the meeting of 13 September.

Advisory Committee Minutes

8.5 Area Clinical Forum (ACF): 18 July 2024

The Forth Valley NHS Board received the Area Clinical Forum Minute of the meeting held on 18 July 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Ms Cassells, gave a verbal update from the meeting of 12 September 2024 and noted that senior officers from HR had been present. They had provided the Committee with a presentation on the Cultural Change & Compassionate Leadership programme. Discussion had included the reduced working week and Whistleblowing and Speak Up.

The Forth Valley NHS Board noted the key issues highlighted from the Area Clinical Forum meeting of 18 July 2024 and the verbal update on the meeting of 12 September.

8.6 Area Partnership Forum: 23 July 2024

The Forth Valley NHS Board received the Area Partnership Forum Minute of the meeting held on 23 July 2024. The minute was commended to the Board for noting.

The Chair of the Committee, Mr Clark, highlighted consideration of the impact of the non-financial pay award elements and gave a verbal update of the meeting of 27 August, at which the Committee had agreed to move to bi-monthly meetings, however, if there were urgent issues in the interim, emergency meetings could be convened. It was noted that the Acute Partnership would continue to meet monthly and that the communications flow was good. He also highlighted that the APF had met with Christine McLaughlin, Chair of the Assurance Board and that this had been a positive meeting.

The Forth Valley NHS Board noted the key issues highlighted from the Area Partnership Forum meeting of 23 July 2024 and the verbal update on the meeting of 27 August.

9. Integration Joint Board Minutes

9.1 Clackmannanshire & Stirling Integration Joint Board: 19 June 2024
The Forth Valley NHS Board received the Clackmannanshire & Stirling Integration Joint Board Minute of the meeting held on 19 June 2024.

The Forth Valley NHS Board noted the Minute of meeting of the Clackmannanshire & Stirling Integration Joint Board held on 19 June 2024.

Strategy and Performance Updates

10. Update on Level 4 Escalation
The Forth Valley NHS Board considered a report for assurance, presented by Ms Croft, Interim Chief Executive, Ms Mackenzie, Acting Director of Strategic Planning & Performance and Ms Mahal, Board Chair, which provided an update on the work that had been undertaken across the whole system to deliver sustainable improvements in the areas of Culture, Leadership, Governance, Integration, Healthcare Improvement Scotland and Urgent and Unscheduled Care.

Key messages in the report included:-
(i) The process which had been undertaken to review the Assurance and Improvement Plan and to identify any outstanding actions.
(ii) That the Escalation P&R Committee had considered the content of the Plan, focussing on the impact of actions undertaken and what was different.
(iii) The paper had been presented to the Assurance Board on 5 September 2024 where positive feedback was received in relation to progress and the evidence presented within the paper.

The following points were made in discussion:-
(i) An ask for information on the Assurance Framework timetable and how it would be progressed. The Board Chair noted that the December Board Seminar would be on the topic of Active Governance and supported by colleagues from NHS Education Scotland. This would include the Assurance Framework. Board members requested that the Assurance Framework was kept simple and fit for purpose.
(ii) How matters would be brought for Board scrutiny and oversight if there was a change in the escalation level. The Board Chair advised that if moved to level 3, monitoring would still be required. Although the standing down of the Escalation P&R Committee was proposed in a later agenda item, she was clear that escalation actions should be visible on committee agendas and in committee workplans. Key issues would then be escalated to the Board. It was important for all parties to be intentional and ensure that the oversight process worked.
(iii) The Board Chair advised that feedback from the Board Seminar on Learning Escalation would be shared with the Assurance Board.

The Forth Valley NHS Board:
(1) noted the content of the Escalation Assurance and Improvement Plan paper with particular focus on the impact of actions and what was different;

(2) noted that the Assurance Board had received the Escalation Assurance and Improvement Plan paper on 5 September 2024;
(3) noted the updated Assurance and Improvement Plan as set out as Appendix 2 to the report, and
(4) noted that the assurance and monitoring of actions would continue through business-as-usual monitoring by the Board's Governance structures.

Action:
(1) Board Members requested that the alignment of Committees to the monitoring of actions against the Assurance and Improvement Plan is recirculated and committee workplans reviewed accordingly. **Kerry Mackenzie and Jack Frawley**

11. Governance Report

The Forth Valley NHS Board considered a report for approval, presented by Ms Mahal, which provided an update on the work, led by the Board Chair, to implement the recommendations of the External Governance Review and Self-Assessment exercise against the Blueprint for Good Governance and to review the capacity and capability of the Board.

The key messages in the report included:-

(i) That the Performance & Resources (P&R) Committee was revised to being of wider scope with an all-Board member membership, chaired ex-officio by the Board Chair/future incoming Board Chair and would be indicatively renamed the Strategic Planning, Performance & Resources Committee (SPPRC)
(ii) That the Escalation P&R Committee be dissolved and monitoring of actions aligned within business as usual activities within Governance Committees and the Board.
(iii) That a skills matrix exercise with Board members had informed the business case put forward to support the recruitment of new Non-Executive Directors.
(iv) To appoint Councillor Wendy Hamilton as the Board's Sustainability Champion.
(v) That Board Seminars would take place from 9.30am to 12.30pm. The dates for upcoming Seminars being:-
- 8 October 2024
- 5 November 2024
- 3 December 2024
- 11 February 2025.

(vi) Patient Safety Walkrounds would be revised to remove six month follow ups. The Walkrounds would be extended to include all Board members and the wider Senior Leadership Team to enhance visibility with staff.

The following points were made in discussion:-

(i) The Board Chair thanked Mr Fairbairn for chairing the Escalation P&R Committee and noted that the escalation process had been hugely pressurised for everyone and particularly Executive colleagues.
(ii) Mrs Cassells noted she had recently observed NHS Lothian's all Board membership Strategy Committee and was supportive of the changes recommended and the added value this would provide.
(iii) In response to discussion on the proposals, it was stressed that the revised SPPR Committee would not replace the Board's decision-making authority. Ms Mackenzie advised the Board that work was underway to review the scheme of delegation.

The Forth Valley NHS Board:-

(1) approved the revised membership of the Performance & Resources Committee, which increases the size of the Committee to include all Board members, the revised chairing arrangements with the Committee chaired ex-officio by the Board Chair, and noted the indicative renaming to Strategic Planning, Performance & Resources Committee, to take effect from the 17 December meeting;

(2) approved the dissolution of the Escalation Performance & Resources Committee;

(3) noted that the Board Chair had submitted a business case seeking to recruit to the upcoming Non-Executive vacancy and to increase the number of Non-Executive Directors on the Board;

(4) approved the appointment of Councillor Wendy Hamilton as the Board's Sustainability Champion;

(5) noted the confirmed Board seminar dates and timings, and

(6) noted the changes to Patient Safety Walkrounds with further work ongoing by the Service area.

12. Realistic Medicine and Value Based Health and Care Update

The Forth Valley NHS Board considered a report for noting, presented by Mr Murray, which provided an overview of the work to date on Realistic Medicine (RM) and Value Based Health and Care (VBH&C) within NHS Forth Valley. It outlined the plan moving forward, highlighting how Forth Valley initiatives aligned with organisational objectives, broader national goals and key partnerships.

The key messages in the report included:-

(i) RM had been a prominent feature in the Chief Medical Officer's (CMO) reports since 2016.

(ii) Practising RM enabled the delivery of VBH&C.

(iii) Demand for healthcare would increase by approximately 20% during the next decade, but resources would not.

(iv) The VBH&C Action Plan outlined six commitments outlined the six commitments which supported implementation of VBH&C in Practice.

(v) It was essential to embed the principles, priorities and practise of VBH&C throughout Forth Valley.

The following points were made in discussion:-

(i) Board members congratulated the team for raising the profile of the whole agenda and asked for further information on how this would work within specialities and what it meant for teams and priorities. Mr Murray stated that the focus was to be empowering and to challenge teams as to what could be achieved with the resources available for the most value. Mr Urquhart noted that this was a big opportunity for financial sustainability and was the key mechanism to optimise resources for outcomes that matter to people.

(ii) There was a challenge in how society viewed healthcare. Members felt assured that the right steps were being taken and highlighted the importance of education.

(iii) Questions were asked on anticipatory care planning, shared decision making and what good would look like. It was important to know if the impact was being made through measurement of success and outcomes. Mr Murray advised that there was representation on the RM Group from colleagues involved in end of life and palliative care. The Respect Tool had been adopted early in anticipatory care. In terms of demand optimisation data would be key to track where interventions had been made and what the impact was. Dr

Champion advised that this represented a paradigm shift in how Healthcare would be delivered.

(iv) Clear communication of the work was critical and messaging needed to include an understanding that everyone was responsible for the use of resources.

(v) There would need to be a fundamental shift in understanding of healthcare away from the view that it was an expert model where things are done to you and the perception needed to become one where the NHS created health for the population as a whole.

(vi) Responding to a question on the Atlas of Variation - variation of care, Mr Murray noted the work of the Programme Quality Board. He advised that comparison was carried out between Health Boards, for example the rate of knee replacements. The group would consider what was different and why and use the Atlas of Variation to support changes.

The Forth Valley NHS Board:

(1) noted the Realistic Medicine and Value Based Health & Care activity and progress, and

(2) noted the planning to embed Value Based Health & Care, aligned to and building on existing Realistic Medicine practice in NHS Forth Valley.

Action:

(1) Board Members requested that information on how Realistic Medicine would be embedded in all aspects of reporting was provided to a future meeting. **Andrew Murray & Jack Frawley**

The Forth Valley NHS Board adjourned at 11.20am and reconvened at 11.30am with all members present as per the attendance list.

13. Anchor Work and Community Planning Partnership Update

The Forth Valley NHS Board considered a report for assurance, presented by Dr Champion, which provided updates on Community Planning Partnership activity and Anchor Institution progress across Forth Valley.

Key messages in the report included:

(i) NHS Forth Valley had established a community planning group to ensure a cohesive approach across the three partnerships.

(ii) A short life working group had been established with a range of partners to scope the Terms of Reference for a regional Forth Valley Anchor partnership.

The following points were made in discussion: -

(i) Members acknowledged that a substantial amount of activity had been undertaken which was well demonstrated. It was asked whether some of the good work would happen anyway without the infrastructure and other costs. In response, it was recognised that the structure was required by Government.

(ii) Members highlighted the need to consider existing resource and other costs in the implication's sections of Board reports. The Interim Chief Executive highlighted the importance of the Regional Anchor Board through which some extra resource demands would be alleviated.

(iii) Questions were asked on the focus of the employability officer and about which organisation had responsibility for development of Children & Young Persons Plans. Ms Bishop advised that the employability officer was an NHS Forth Valley post. Ms Meechan stated that the Local Authorities retained the duty for production of the plans.

(iv) The Board needed to be sighted on the Visibility of Local Outcomes Improvement Plans (LOIPS) was important and the need for the Board to be sighted on this.
(v) A review of Health Board membership across these partnerships would be undertaken with the incoming Chief Executive.
(vi) Consideration would also be given to how the Board was sighted on outcomes and indicators. It was suggested that a Population Health Governance Committee could act as a repository for information and a way to kick start this work with a focus and alignment of the work on Population Health, Value Based Health Care and the Anchor work.

The Forth Valley NHS Board noted the:
(1) Community Planning Partnership activity detailed in the report, and
(2) NHS Forth Valley Anchor Plan progress.

Action
(1) Board Members requested consideration of how Population Health aligned to Community Planning and Anchor Board work was reported to the Board in a coherent way. **Jennifer Champion**

14. Update on Safety

(a) Update on Safety Collaborative
The Forth Valley NHS Board considered a report for assurance, presented by Professor Goudie, which provided an update on the Safer Together Collaborative (STC). Patient safety improvement collaboratives had played a critical role in delivering system safety across NHS Scotland.

Key messages in the report included:-
(i) The aim of the STC was to improve patient safety across several areas through implementing evidence-based practice using improvement science methodology.
(ii) The STC was launched on 22 September. It brought together 130 colleagues from across Forth Valley health and care system to explore the overall aims of the collaborative and the high-level aims for key areas of focus.

The following points were made in discussion:-
(i) Members asked about the processes to ensure that data was robust and highlighted specific examples of variance which had previously occurred. Professor Goudie advised that the Quality Team would work to develop standard measurements and improve how data was gathered. There would be development and adoption of shared operational definitions which would remove anomalies from data sets.
(ii) The need to retain Board and Clinical Governance Committee oversight where work was off target or trajectory.
(iii) The need to celebrate successes and promote the work of the Collaborative across the organisation.

The Forth Valley NHS Board noted the:
(1) high level aims of the Safer Together Collaborative;
(2) scoping and activities to date, and
(3) infrastructure being developed to deliver the collaborative and the governance reporting mechanisms through the Clinical Governance Committee.

(b) Health and Care Staffing Act

The Forth Valley NHS Board considered a report for assurance, presented by Professor Dodd, which provided an update on the submissions to the June and September 2024 staff governance committee meetings, as well as national submissions to Scottish Government.

Key messages in the report included:-

(i) The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) provided the statutory basis for the provision of appropriate staffing in health and social care service.

(ii) A self-assessment process had been undertaken which had highlighted good practice as well as where there were gaps.

(iii) A governance structure across Forth Valley commenced in September 2023, including the Oversight Group, the Operational Working Group and 12 profession specific sub-groups representing all clinical and care groups including commissioned services.

(iv) The Q1 report had been submitted at the end of June 2024 and the Q2 report would be submitted 31 October 2024.

The following points were made in discussion:-

(i) Board members asked if the service was assured the processes were right and the consequences of non-compliance could be. In response, Professor Dodd stated that some controls were within the Board's competence and ability but that some were out with, such as if beyond the Board's financial envelope. In such cases the matter would be escalated to Health Improvement Scotland. The availability of the workforce could be beyond the gift of the Health Board such as where there were national shortages in professional areas. The service was satisfied around areas that were within control and would escalate those which were beyond the Board's control. There would be a requirement to report annually. There was regular reporting to HIS now to ensure that implementation was on the right track. NHS Forth Valley had been an early adopter of e-rostering and was ahead of other Boards in this respect.

The Forth Valley NHS Board noted the:

(1) progress of the implementation of the Safe Staffing Legislation and that a detailed Q2 report would be submitted to the Scottish Government for 31 October 2024, and

(2) emerging risks and work undertaken to understand these fully.

15. Finance Reports

(a) Finance Report

The Forth Valley NHS Board considered a report for assurance, presented by Mr Urquhart, which provided an update on the financial position for 2024/25. The position remained exceptionally challenging with ongoing financial pressures continuing to drive a projected year end deficit of £35m - £40m, with further outstanding risks identified and the need for decisive action towards Sustainable Financial Balance.

The key messages in the report included:-

(i) An update on actions which had been taken forward:

- Agreement of the phased closure of unfunded contingency beds;

- Communication issued to budget holders confirming the need to reduce and/or cease all non-essential discretionary expenditure;
- A detailed review of accommodation requirements and premises was underway with a view to rationalising the estate;
- Internal Audit commissioned to review the Financial Sustainability Action Plan;
- A self-assessment exercise had been conducted against the NHS Scotland Support and Improvement Framework in relation to finance
- Finance seminar for Board members on 27 August 2024 to reaffirm statutory financial requirements, provide national and local context to the current financial position and to consider the Board's overall approach to financial sustainability.

(ii) Additional actions had been put in place in direct response to Scottish Government recommendations:
- Enhanced vacancy controls: a senior level vacancy panel has been established with immediate effect to scrutinise all vacancy requests, and
- Enhanced expenditure authorisation levels: agreement to introduce restrictions on stock ordering.

(iii) An in-depth review and re-assessment of the forecast outturn would be undertaken at the end of quarter 2.

The following points were made in discussion:-

(i) Board members sought clarity on where and when the savings from the closure of contingency beds would be seen. Mr Urquhart stated that a significant saving would relate to supplementary staff costs. Larger savings would be generated as the economy of scale increased and more beds were removed from the system. Mr Fraser noted that the closure of contingency beds removed an additional patient from a four bedded unit but that the real financial benefits would be generated where a ward could be stood down as there were many associated costs to unfunded beds other than staffing. Professor Dodd noted that agency healthcare support workers were no longer being used which had formerly been at a significant volume. Focus would now be on tackling the registered nursing area with a positive development being the intake of new graduates starting soon.

(ii) Board members asked about sickness absence and the linkage to the challenging financial position.

(iii) Performance and Resources Committee (P&R) members suggested a reverse run rate graph be considered to track how far behind the expected financial position performance was. This would help to monitor how the position sat in relation to target. Mr Urquhart confirmed that the trajectory against performance would be shown at P&R Committee.

(iv) Members asked for consideration of the benefits of a more detailed variance analysis, for certain areas, on why there was a large overspend particularly in Acute Services. It was confirmed that the quarter 2 outcome would be reported to P&R Committee.

(v) A question was raised about whether the commissioning to review the Financial Sustainability Action Plan was a good use of hours. It was asked whether better value would be secured having Internal Audit out in the field working to find areas where financial savings could be made. Mr Urquhart stated that this could be discussed with the Internal Audit team but that it would be helpful to get opinion on the adequacy of the governance arrangements in place.

The Forth Valley NHS Board noted:

(1) the significant level of financial pressure continuing across our services at month 5 despite positive actions taken to reduce expenditure including the phased closure of unfunded contingency beds and reduction of nurse agency shifts;

(2) the year-end projected deficit of £35m - £40m, with further actions put in place to mitigate risks including enhanced vacancy control process, discretionary spend reduction and further measures in relation to accommodation costs, and

(3) that a further in-depth review of the 2024/25 forecast year end outturn would be undertaken at the end of quarter 2, however early indications suggested that financial risk was increasing, particularly given current sickness absence levels, ongoing requirement for contingency areas and the potential for additional costs that are not currently included in the forecast (linked to the conclusion of SLA arrangements, the impact of winter and IJB risk share arrangements).

Action

(1) Board Members requested that consideration be given to developing a reverse run rate graph, more detailed analysis of variance and the ask of Internal Audit. **Scott Urquhart**

(b) 15-point Grid Self-Assessment

The Forth Valley NHS Board considered a report for assurance, presented by Mr Urquhart, which provided the completed self-assessment questionnaire that had been submitted to Scottish Government in relation to progress against the 15-point grid.

The key messages in the report included:-

(i) The self-assessment questionnaire had been issued by the Scottish Government's Finance Delivery Unit (FDU) on 9 July 2024 and it was completed and submitted for assurance purposes given the scale of the projected deficit.

(ii) The '15 Box Grid' had been presented by the Scottish Government to Board Chief Executives in November 2023, setting out 15 key areas of improvement to support achievement of the 3% recurring savings target against baseline funding.

The Forth Valley NHS Board noted the progress to implement the 15-point grid and completed self-assessment questionnaire.

16. Performance Report

(a) Urgent and Unscheduled Care Update (UUSC) and Delayed Discharge

The Forth Valley NHS Board considered a report for assurance, which detailed the whole system working being undertaken. The report presented key Performance Information relating to UUSC and Delayed Discharges.

Key messages in the report included:-

(i) In the most recent review by CfSD the Forth Valley Plan was assessed as credible and likely to improve performance based on the processes being put in place along with a reduction in patients delayed in discharge mainly AWI.

(ii) Within the UUSC plan there was an aim to sustain 57% for the 4 hour emergency department access standard by the end of September 2024.

(iii) Detailed information was provided on:
- Whole System Working;
- Early Intervention and Prevention;
- Your Home First;
- The Acute Urgent & Unscheduled Care Delivery Plan, and
- Delayed Discharges Performance Information.

The following points were made in discussion:-
(i) The report had been particularly helpful in describing actions being taken to improve performance;
(ii) It was positive to see the trajectories included.
(iii) The Board Chair noted that going forward that the detailed performance reporting would be considered at P&R Committee with ongoing oversight by the Board.

The Forth Valley NHS Board:
(1) noted the report and was assured that whole system working was being applied to reduce harm, improve patient experience and performance, in urgent and unscheduled care;
(2) acknowledged the work streams underway to improve the 4 hour ED access standard;
(3) noted the factors affecting the 4 hour ED performance;
(4) acknowledged the work being undertaken across the whole system to reduce the number of people delayed in their discharge from hospital, and
(5) noted the interrelatedness of various key performance indicators and improvement actions and noted an invitation for board members to participate in a Seminar which would provide greater granularity of improvement actions, impact and data.

(b) Performance Report
The Forth Valley NHS Board considered a report for assurance, presented by Ms McKenzie, which provided key performance information to support effective monitoring of system-wide performance. A Performance Report had been considered by the Performance & Resources Committee at its meeting of 27 August 2024 where discussion had focused on the current challenges and performance around Urgent and Unscheduled Care and Delayed Discharges.

Key messages in the report included:-
(i) Information on the eight key standards of: 12-week outpatient target, diagnostics, 12-week treatment time guarantee, 62-day and 31-day cancer targets, access to Psychological Therapies, access to Child and Adolescent Mental Health Services and the 4-hour access standard.
(ii) The key performance issues set out in the report were:-
- Unscheduled Care;
- Delayed Discharges;
- Scheduled Care;
- Did Not Attend rates;
- Psychological Therapies;
- Child and Adolescent Mental Health Services, and
- Workforce.

The following points were made in discussion:-

(i) Board Members commended the services for the many areas of strong performance. Mr Fraser noted that Forth Valley compared well nationally in cancer target compliance. He highlighted that as Forth Valley had a National Treatment Centre there had been negotiation with Scottish Government about where patients who had a four year wait or longer were measured in terms of performance. Initially patients with these waits at other Health Boards had been included in Forth Valley's statistics. Work was ongoing with Public Health Scotland to develop the appropriate method for reporting.

(ii) Ms Croft noted that issues on sickness absence performance had been picked up nationally with Board Chief Executives who were looking at the management of sickness absence across Boards. With a local focus in the weekly financial scrutiny meeting.

(iii) Board members asked if there was a single strategy or project plan to address sickness absence, what the impact was and what improvements would be achieved and by when. Mr Reith noted that absence had been up in July but down in August. There had been specific trends related to covid and other respiratory conditions. Forth Valley tracked almost exactly to the national trend line but was slightly above other territorial Boards. The service was actively addressing performance through the Promoting Attendance Group.

(iv) Professor Dodd noted that she had challenged the Nursing, Midwifery and Allied Health Professional (NMAHP) leaders as to whether they were assured of the procedures around absence management. There would be support to ensure the right staff and right numbers of staff were in departments. Mr Clark advised that staff side were closely involved in the work.

(v) Board members stressed that managing absence required continuing focus with detailed monitoring through the Staff Governance Committee. The Board Chair requested that the Attendance Action Plan was shared with the Board.

(vi) In relation to the improved rate of Did not Attends being an aberration or sustainable, Mr Fraser stated that the move to patient focussed booking had impacted positively and other areas had also seen better returns from this approach. Dr Champion highlighted the importance of understanding the demographics of patients not attending.

(vii) Following a question on pressures in diagnostics and the importance of imaging services to many patient pathways, Mr Fraser stated that were specific slots for unscheduled scans to take place. The new third CT Scanner would be operational after Christmas 2024 and it was important to triage the right patients there. Through Realistic Medicine there would be best use of resources and imaging would not be done 'just in case'.

The Forth Valley NHS Board noted the:

(1) current key performance issues, and

(2) detail within the Performance Report.

	Action	
(1)	**Board Members requested that the Promoting Attendance Action Plan was shared with Board members.**	**Kevin Reith**

17. Healthcare Associated Infection Reporting Template August 2024

The Forth Valley NHS Board considered the Healthcare Associated Infection Report Template (HAIRT) for assurance, presented by Mr Horwood. The HAIRT is a mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Key messages in the report included:-
(i) Detailed information on the matrix in relation to HAI Performance

The following points were made in discussion:-
(i) Board Members asked why there was an increase of some existing surgical procedures periods of monitoring to capture infections outwith national requirements, up to 90 days post procedure. Mr Horwood advised that the previous monitoring had been 90 days but that this had been cut to 30 days nationally. There was some evidence of infections post the 30-day point so procedures were being changed to get data relevant for surgical teams. The process was automated for rapid collection and therefore it was planned to extend to other surgeries. Professor Dodd noted that this was the right thing to do as it would improve the quality and safety of care, had clinical buy-in and was the best thing for patients.

The Forth Valley NHS Board noted the:
(1) HAIRT report;
(2) performance in respect of SABs, DABs, CDIs and ECBs, and
(3) detailed activity in support of the prevention and control of Health Associated Infection.

18. Whistleblowing Standards and Activity Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Dodd, which provided an update on whistleblowing activity in Quarter 1 of 2024.

Key messages in the report included:-
(i) detailed information on performance against the seven key performance indicators.

The following points were made in discussion:-
(i) The Board's Whistleblowing Champion, Mr Johnston, stated that the proposed level of reasonable assurance was right. Forth Valley performed at a similar level to other Boards. It could be difficult to analyse themes and trends given the low numbers involved.
(ii) The Scottish Hospitals Inquiry may have specific recommendations concerning whistleblowing. There would be learning to take from the inquiry. Professor Dodd advised that the Board's existing arrangements had been confirmed with the INWO and there was comfort with the approach taken to learning from incidents although there was always more which could be done.

The Forth Valley NHS Board noted Whistleblowing performance in NHS Forth Valley in Quarter 1 2024.

19. Climate Emergency & Sustainability Strategy and Action Plan 2023-2026

The Forth Valley NHS Board considered a report for assurance, presented by Mrs Farquhar, which presented progress in relation to the Climate Emergency & Sustainability Strategy and Action Plan 2023 – 2026.

Key messages in the report included:-

(i) Five priority areas had been identified where NHS Scotland Boards must take action:
- Sustainable Buildings & Land
- Sustainable Travel
- Sustainable Goods & Services
- Sustainable Care
- Sustainable Communities.

(ii) NHS Forth Valley has established a climate emergency response and sustainability team to deliver outcomes in the priority areas

The following points were made in discussion

(i) Board members commended the work and highlighted its importance

(ii) Board Members considered what was within the Board's gift and how the risk could be reframed given the current funding position from Scottish Government. Dr Champion highlighted the links to waste and sustainable care.

The Forth Valley NHS Board:

(1) noted the progress to date with climate change and sustainability action and the multi-disciplinary approach to delivery of outcomes within the Strategy & Action Plan;

(2) noted the ongoing requirement for commitment of resources (staff input and funding) to enable action towards achievement of national and local targets and the constraints that lack of resources may place on this;

(3) noted the ongoing requirement for financial commitment (capital and revenue) to enable action towards achievement of national and local sustainability targets;

(4) noted that the proposal to formalise current Working Group arrangements within each Department and Service, so that commitment to delivering sustainability outcomes was ensured;

(5) confirmed ongoing 'corporate commitment' by NHS Forth Valley, at organisational and at individual level, and

(6) noted the nomination of Cllr Hamilton as Board Sustainability Champion, under cover of a separate paper at this meeting.

20. Any Other Competent Business

There were no items of business raised.

21. Valedictory

The Board Chair led the Board in expressing thanks to Amanda Croft, Interim Chief Executive, for her exemplary leadership of NHS Forth Valley over the preceding year. The Board Chair noted that Ms Croft had steered the organisation through a challenging period and through encouragement and support had created a much more strengthened team at Forth Valley. The Board wished Ms Croft well for her retirement.

22. Risks and Reflections

The Forth Valley NHS Board did not resolve to recommend any further items for consideration for inclusion on the Risk Register.

23. Date and Time of Next Meeting: Tuesday 26 November 2024 at 9.30am.

4. Action Log
Forth Valley NHS Board – 26 November 2024

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
015	26.03.24	Population Health and Care Strategy Revised Timeline	The Population Health & Care Strategy timeline to be reviewed.	Andrew Murray	New timescale to be agreed at a later date with incoming Chief Executive.	The Timeline will be considered at Strategic Planning, Performance & Resources Committee. Thereafter to the Board. Timeline to the development of the Population Health and Care Strategy will not be presented as originally planned. There is a piece of work that is being undertaken to address resources and capacity that will be required to develop the strategy. Consideration is also being taken of the National Strategy, currently in development, to be published later in the year and with a new Chief Executive starting in the Autumn it is important that he influences the strategy going forward. Work ongoing to embed new approach and timeline for the	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
						development of the Population Health and Care Strategy.	
021	28.05.24	Strategic Risk Register	SRR014 Healthcare Strategy to be reviewed in line with changes to the approach to development and timeline.	Andrew Murray; Jennifer Champion; Vicky Webb	26 November 2024	The Strategic Risk Register report provides information on the Health Inequalities risk. A Focused Review for the Healthcare Strategy Strategic Risk has been completed and the outputs presented to the Performance & Resources Committee. There is work developing around this risk and it will be encompassed in a new risk being developed referencing Health Inequalities - which is to be presented at Board in November.	Complete
039	30.07.24	Strategic Risk Register Update	An update on Primary Care Sustainability to be provided to the Staff Governance Committee and the Board meeting of 26 November 2024.	David Williams/Gail Woodcock	25 March 2025	The Staff Governance Committee considered the Primary Care Sustainability Focussed Review at its September meeting. A report is being developed and will be reported as appropriate to Board or SPPR Committee.	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
						A report is being prepared for the November Board meeting and will be considered by the Staff Governance Committee in advance.	
041	30.07.24	Strategic Risk Register Update	That the full risk description is provided in future in the Risk in Focus section of the Strategic Risk Register Update reports.	Vicky Webb	26 November 2024 and ongoing	The requested information will be included in the next presentation of the Strategic Risk Register Update and subsequent reporting.	Complete
042	30.07.24	Urgent and Unscheduled Care Action Plan	An update on any decisions taken by the Falkirk IJB at its next meeting to support delayed discharges.	Gail Woodcock	26 November 2024	An update on decisions taken by the Falkirk IJB to support delayed discharges has been provided in the Falkirk IJB Assurance Report. The Falkirk IJB next meets on 27 September 2024. An update on relevant decisions will be presented to the Board on 26 November 2024.	Complete
046	24.09.24	Patient/Staff Story – Organ and Tissue Donation Week	That case studies and videos links are shared with the Board and SLT.	Elsbeth Campbell	26 November 2024	Organ and Tissue Donation case studies and videos have been shared with the Board and SLT.	Complete
047	24.09.24	Update on Level 4 Escalation	That a timeline on bringing the Assurance Framework to the Board is provided to Board members.	Kerry Mackenzie & Jack Frawley	26 November 2024	The Board Assurance Framework will be considered and further developed through a Board Seminar on 3 December 2024. The Framework will	Complete

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
						then be presented to the Board meeting in March 2025.	
048	24.09.24	Update on Level 4 Escalation	That the alignment of Committees monitoring actions against the Assurance and Improvement Plan is recirculated and committee workplans reviewed accordingly.	Kerry Mackenzie & Jack Frawley	25 March 2025	The Assurance & Improvement Plan was recirculated as requested. Committee workplans will be reviewed and take account of thematic actions. This work will be aligned with the review of committee Terms of Reference and committee structures which is ongoing.	In progress
049	24.09.24	Realistic Medicine and Value Based Health & Care Update	That information on how Realistic Medicine will be embedded in all aspects of reporting is provided to a future meeting.	Andrew Murray & Jack Frawley	25 March 2025	Consideration of how to embed Realistic Medicine in reporting to Governance Committees and Board will be part of the review of Report template.	In progress
050	24.09.24	Anchor Work and Community Planning Partnership Update	That consideration be given to how Population Health aligned to Community Planning and Anchor Board work was reported to the Board in a coherent way.	Jennifer Champion		Discussion is ongoing around the anchor board and other population health work areas reporting into the to be established Population Health Task and Finish group.	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
051	24.09.24	Finance Report	That consideration be given to developing a reverse run rate graph, more detailed analysis of variance and the ask of Internal Audit.	Scott Urquhart	28 January 2025	From the January Board meeting reporting will incorporate expenditure run rate trends and a more detailed variance analysis against budget. Internal Audit are concluding their audit report on savings, and this will be distributed to the SPPRC for information once finalised.	In progress
052	24.09.24	Performance Report	That the Attendance Management Action Plan is shared with the Board.	Kevin Reith	26 November 2024	The Attendance Management Action Plan has been shared with Board Members.	Complete

STATUS:
Deadline passed / Urgent
In progress (deadline not reached) / On hold
Completed / Closed (incl. date)

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

6. Board Executive Team Report
For: Information

Executive Sponsor: Professor Ross McGuffie, Chief Executive
Author: Professor Ross McGuffie, Chief Executive

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1. Executive Summary

1.1 The Chief Executive normally provides a short verbal update at Board meetings on any highlights or emerging issues since the previous meeting. This report replaces that approach, providing an opportunity to deliver a wider update from the Board's Executive Team, covering celebrating success; general updates; inspection activity; visible leadership; and horizon scanning.

2. Recommendation

2.1 The Forth Valley NHS Board is asked to:

- **note** the update contained within the report.

3. Key Issues to be Considered

3.1 Celebrating Success

3.1.1 Celebrating success is an essential part of reinforcing positive outcomes, enhancing staff morale and strengthening commitment to our organisational values. Recognising the great achievements of our dedicated workforce will help to foster a positive culture, encourage collaboration and remind both staff and Board members of the great impact we have on the Forth Valley population.

3.1.2 Since the last Board meeting, there have been a number of positive areas of success, including:

- **Peer Support Programme (part of Occupational Health Mental Health Pilot Project) –** there are now 44 volunteers across NHSFV who support colleagues with a range of issues that are impacting them in work and at home. The programme offers informal one to one support as well as signposting to a wide range of advice. Work is ongoing with the University of Stirling to support a wider evaluation of this highly valued service.
- The **NHSFV Digital team** recently secured 3-star accreditation with Service Desk Institute, the first Board in Scotland to do so. Medical Physics also achieved their own 3-star accreditation through this process.
- The **Health Records Department** held a major fundraiser for Children in Need on 15th November. The theme of their event was Mario!
- **AHP Courses –** the University of Stirling has launched new Physiotherapy and Podiatry courses starting in September 2025, providing a local opportunity to grow the workforce for the future. This again highlights the importance of our university partnership in NHSFV.

- **Scotland's Health Awards –** NHSFV had four finalists for Scotland's Health Awards, which is a fantastic achievement for all the staff involved:
  - **Care for Mental Health Award:** Ward 5 Nursing Team, MH Unit, FVRH
  - **AHP Award:** Susan Bannatyne, Speech and Language Therapist
  - **Unsung Hero Award:** Linda Smullen, Breast Clinic Coordinator
  - **Volunteers Award:** Aaron Smith, Forth Valley First Responders
- Both the **Acute and Community Pharmacy Teams** in NHS Forth Valley have made it through to be finalists at the NHS awards which is a reflection of the fantastic culture in the Pharmacy directorate.
- **Royal College of Occupational Therapists' Merit Awards –** Alison Keir, Occupational Therapy Team Leader for the Older Adults Mental Health Team based at Clackmannanshire Community Healthcare Centre received a Merit Award for the impact she has made on the profession and, more specifically, her significant contribution in raising the profile of occupational therapy in the Scottish Parliament and across local authorities
- The **Forth Valley Viral Hepatitis Team** recently received well deserved international recognition with an award for Outstanding Contribution to Models of Care and Programmes for their *STEP C Free* Project. The project took the service out of clinical health settings and into communities to reach underserved populations.
- Two new **Pharmacy Robots** were launched at FVRH, alongside Scotland's first biometric safe for controlled drugs. The new pharmacy robotic system is significantly more advanced than its predecessor, improving efficiency and also creating more space within the department to support the development of new zones for pharmacy oncology, home care and a new learning zone for staff. Following a competition to raise funds for Strathcarron Hospice, the robots were named Duke and Baron in honour of the local Kelpies landmark.
- The **Project Search 2023/24 graduation** took place earlier this month, supporting young people with additional support needs towards employment. The project, run in partnership with Forth Valley College, Falkirk Council, Serco, NHS Forth Valley and Skills Development Scotland, supported seven young people to gain skills and experience aimed at helping them to move into sustainable employment. Four have now moved into employment (two with Serco), two have continued on their journey to gain further work experience and one has progressed onto a Modern Apprenticeship, highlighting the great outcomes achieved by the programme.

3.2 General Updates

3.2.1 Since the last Board meeting, there have been a number of developments worth noting:

- **Blood Transfusion –** The infected blood enquiry has raised the profile of this service and the Performance team have been working to improve access to accurate transfusion learning compliance for nursing and midwifery staff. Utilising data from TURAS and SSTS, the Pentana performance system has been able to link metrics for role-based training compliance. As the first Board in Scotland to employ this model, the team were asked to present to national colleagues and have received very positive feedback on the development.
- **Scottish Stroke Improvement Plan -** The Forth Valley Stroke Team are required to complete the national Scottish Stroke Improvement Plan which aims to support delivery of the best possible stroke care in Scotland structured over 32 priority areas with over 130 individual actions to consider and provide evidence around. The performance team has worked with the Stroke service to host an interactive plan within Pentana allowing the multidisciplinary teams including Nurses, AHPs, Manager and Consultants to update and have oversight of the plan and evidence. The annual review of the Stroke Service is scheduled on 13 November where the stroke and performance teams will meet with Scottish Government colleagues to showcase the Forth Valley management which had previously been highlighted as a key area for improvement.

- **One Stop Breast Clinic -** A One Stop Breast Clinic is provided for Western Isles residents as part of NHS Western Isles' agreement with NHS Highland, enabling patients to see the clinician and have any necessary tests in the shortest time possible, ideally on the same day. NHS Western Isles has been informed that, due to staffing issues, regrettably some patients requiring access to a One Stop Clinic will be triaged by NHS Highland to the **NHS Forth Valley service** until further notice. This will impact some patients from the Western Isles, and those patients impacted will be informed about arrangements.
- The **Healthcare Financial Management Association (HFMA) Scottish Branch Conference** (virtual event) was held 24th - 25th October 2024. A number of finance team members attended this event which covered strategic and operational finance themes focusing on improved value, population health, and value based health and care priorities.
- **Costs Book 2024** - the annual costs book exercise was completed and submitted in early November, providing a detailed analysis of where financial resources are spent, aligned to clinical activity levels. Data will be published in 2025.
- The **Quarter 2 Finance review** meeting was held with Scottish Government colleagues on 5th November, with discussion on the current year financial position and challenge, mitigation measures in place, and longer-term financial planning. Feedback on performance highlighted significant improvement on nurse agency spend with further measures being put in place.
- **Patient Hub** implementation is moving forwards, which will bring significant benefits for patients with them being able to manage appointments, keep in touch with referral progress and to fill in forms prior to attendance or treatment.
- **Trakcare** has been upgraded to allow for the introduction of the e-Obs programme, supporting real-time monitoring of patent conditions by tracking vital signs and calculating the National Early Warning Scores (NEWS)
- The recently appointed **Digital Nurse** has been running demonstrations of the eOBS system to support the development of the project and to socialise the applicability amongst the clinical community
- We have appointed a new **Associate Medical Director in Women's and Children**, Dr Julie Christie, who joins us from NHS Tayside early in the new year. Julie is very experienced and will bring great clinical leadership.
- Joanna Macdonald, currently Deputy Chief Social Work Advisor with the Scottish Government, has been appointed as the **Interim Chief Officer for Clackmannanshire and Stirling HSCP**, starting on 16th December 2024.
- David Williams, the current Interim Chief Officer for Clackmannanshire and Stirling HSCP, retires at the end of November, having brought exceptional leadership to the role over the last year. We all wish David the very best for the future!
- The Chief Executive and Director of People had a very positive meeting with the Ethnic Diversity Network to look at how we can support the development of the Board's Anti-racism plan and how we can embed our equality and diversity work within the Board's culture programme.

3.3 Inspection Activity

3.3.1 Since the last Board meeting, there has been ongoing inspection activity, including:

- We had a **Mental Welfare Commission visit** to Bo'ness ward 2 recently, the feedback around patient care and feedback from families was very good, there were some process issues that have been picked up in relation to record keeping
- The Maternity team are working hard to ensure preparation is in place for the imminent **Safe Delivery of Care Inspections** planned for early 2025 by HIS
- The **Joint Inspection of Adult Services**, with a focus on health and social care integration in Clackmannanshire and Stirling and particularly around Mental Health services, has now concluded with publication of the final report due on 26 November.

An improvement plan is in the process of being developed and this will require to be submitted by 28 January. Detailed briefing notes and comms have been developed and the Board should expect to consider the final report and improvement plan prior to submission on 28 January.

3.4 Visible Leadership

3.4.1 In line with the Board's culture programme, the Executive Team are programming regular walk rounds and visits to provide an opportunity for positive engagement with staff. This programme aims to make it easier for staff to raise concerns or ideas with senior staff, foster a culture collaboration and allow leaders to set a positive example, demonstrating commitment to our organisational goals and values.

3.4.2 Over the course of this month, members of the senior team have visited:

- Pharmacy hospital and community teams as part of the launch of the new Pharmacy Robots
- Held meetings and engagement with Physician consultants, with new rota now in place
- Respiratory Consultants
- Women and Children's directorate, including CAMHS, Paediatrics and Maternity
- ED Whole team meeting held with the Acute Director
- Whole system winter plan review, with over 40 attendees from across the system
- Alva Medical Practice following a violent incident, providing an opportunity for support and to consider future safeguards
- Hospital at Home
- Psychological Services and the Integrated Community Mental Health Team at Falkirk Community Hospital
- Bellsdyke Hospital
- Glenochil Prison
- Meeks Road GP Practice
- Patient Safety conversations in Endoscopy and Paediatric Complex Care
- Nurse Director undertook a clinical shift in B32 to work with our new graduate nurses and some amazing HCSWs who went above and beyond for their patients
- Nurse Director undertook a Patient Safety Conversation visit to the Endoscopy suite
- Nurse Director presented to 100 new graduates nurses, midwives and AHPs welcoming them to NHS Forth Valley.

3.5 Horizon scanning

3.5.1 Moving forwards, Board members can anticipate further updates around the following areas of activity:

- The AHP community are developing their Advisory Committee structure which will have its zero meeting in early January and will report into the Area Clinical Forum, the ANMAC is established and is starting to be consulted across the organisation to inform strategic direction across Nursing and Midwifery professions.
- Work is underway to review the operational performance review arrangements. Meetings have already been held with both HSCPs with the aim of developing integrated performance reviews with both Council and NHS leads present. The aim is to create a programme of quarterly reviews for each of the operational units, which will in time inform a new approach to performance reporting to the Board and Committees.
- **Developing NHS Forth Valley as a population health organisation -** As a population health organisation**,** NHS Forth Valley aims to work in partnership to improve the health and wellbeing of the whole population, tackle health inequalities, and deliver value based, sustainable health and care. A Population Health Task and Finish Group is being set up to support the development of the Population Health Strategy, which will be chaired by Allan Rennie, which will play a strong role. This Task

and Finish Group, through its development of the Population Health Strategy, will support the development of NHS FV as a population health organisation. The reporting of this work will be through the Strategic Planning, Performance & Resources Committee and ensures appropriate governance is in place to enable this.

4. Implications

4.1 Financial Implications
There are no financial implications within this update report.

4.2 Workforce Implications
The report details a range of positive development for staff wellbeing, including celebrating success, staff engagement and visible senior leadership.

4.3 Infrastructure Implications including Digital
There are no infrastructure implications within this update report.

4.4 Sustainability Implications
There are no sustainability implications within this update report.

4.5 Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)

☐ *Yes*
☒ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

4.6 Quality / Patient Care Implications
This report outlines inspection activity currently underway within the Board, but has no implications around quality of care.

4.7 Information Governance Implications
There are no information governance implications within this update report.

4.8 Risk Assessment / Management
No risk assessment has been undertaken on this update report .

4.9 Relevance to Strategic Priorities
This update report demonstrates coherence with our organisational goals and values, highlighting staff engagement, celebrating success and providing transparency around inspection activity and future developments.

4.10 Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (please tick relevant box)

☒ *Paper is not relevant to Equality and Diversity*
☐ *Screening completed - no discrimination noted*
☐ *Full Equality Impact Assessment completed – report available on request*

4.11 Communication, involvement, engagement and consultation
There has been no engagement activity around the completion of this update report, though it does outline ongoing walk rounds and staff engagement.

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

7. British Sign Language Plan – John's Story
For: Assurance

Executive Sponsor: Mr Kevin Reith, Director of People (He/Him)
Authors: Ms. Stacey Gourlay, Disability Liaison Officer (She/Her), and Miss Rachel Tardito, Equality, Diversity and Wellbeing Lead (She/Her)

Executive Summary
As an organisation we have a duty under the BSL (Scotland) Act 2015 to produce a local BSL Plan. Our previous plan was published in 2018 (appendix 1) and was the first BSL Plan our organisation had been required to produce. Since then, we have listened, learned and responded to our D/deaf and BSL communities to help inform the work that we do locally to improve access and experience of using NHS Forth Valley services and developed a joint BSL Plan for 2023 to 2029 (appendix 1). This Plan has been co-created with Falkirk Council colleagues and following a rigorous approval process from both areas, is now live. We want to bring this Plan to life through the experience of John, a member of our local D/deaf community. John will share his story with you, highlighting the obstacles he's encountered in accessing healthcare and the valuable insights his experience offers on how our BSL Plan can help remove these challenges.

Recommendation
The NHS Forth Valley Board are asked to:

 Note the collaborative and extensive development work carried out to create the Plan, working closely with community members and key stakeholders.
 Acknowledge the issues John has raised and the impact these challenges have on individuals accessing our services.
 Support and promote the key points of our BSL Plan and foster partnership efforts to adopt practices that make our services easier to access and more inclusive for members of our D/deaf community.

Assurance
If NHS Forth Valley does not make progress against supporting our BSL community, there is a risk that we will fail to meet our duty under the Equalities Act 2010 (Scotland). Under both the Equality Act (2010) and BSL (Scotland) Act 2015, NHS Forth Valley as a public sector organisation is legally obligated to support our BSL community to ensure equal and fair access to all of our services.

We believe that if the organisation adopts the recommendations put forward within our new BSL joint Plan, we will achieve reasonable assurance that appropriate controls are in place to mitigate and manage risks.

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Substantial Assurance	Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

Key Issues to be Considered
Key issues to be considered are noted within the paper.

The Scottish Government published the second BSL National Plan 2023 – 2029 on 6th November 2023. The BSL National Plan 2023 – 2029 has been intentionally designed in a way that allows the Scottish Government to have flexibility in the way they implement the Plan so that they can adapt to changes in priorities and address any new issues that may arise during the 6-year period. It was advised that listed authorities may also adopt this approach, enabling them to build on the policies and practices they are already doing or those that work best in their local context, however no set requirement for this approach.

Within NHS Forth Valley, we have a close working relationship with our Local Authority colleagues and as such wanted to work in partnership to develop a Joint BSL Plan. This would enhance integration and reduce potential overlap and duplication of service delivery and support to collaboratively meet our statutory obligations to the BSL community. Furthermore, our BSL community - through our consultation process - also indicated that a joint plan would be their preferred approach to make it more accessible and less overwhelming. NHS Forth Valley did reach out to extend the offer of partnership working to both Stirling Council and Clackmananshire Council, however at this point they have opted to continue with individual plans however we will ensure that any future engagement events and progress updates are open-invite to all to foster continued collaboration with the aim of widening the joint plan in 2029 to include all local authority partners, in addition to other key stakeholders locally. For this 2023 to 2029 Plan, it is therefore a joint enterprise that has been co-designed by NHS Forth Valley and Falkirk Council.

Our Plan outlines the key activity we will undertake in order to make improvements under each of the nine priority areas as outlined by the Scottish Government:

1. BSL Accessibility;
2. Children, Young People and their Families;
3. Access to Employment;
4. Health and Wellbeing;
5. Celebrating BSL Culture;
6. BSL Data;
7. Transport;
8. Access to Justice;
9. Democratic Participation

Whilst it is obviously worth noting that some areas will naturally be more aligned to NHS Forth Valley and others Falkirk Council, we believe our joint approach will enable us to provide a more holistic, person-centred and effective service user journey for members of our BSL community. The Plan has been produced in-line with WCAG 2.2 accessibility legislation guidance and will be made available in BSL format also, with other formats available upon request.

The British Deaf Association (BDA) have provided feedback that they wish to use our joint plan as a gold-standard for partnership working going forward and were very complimentary about our consultation, engagement and development processes. The British Deaf Association (BDA) has been commissioned by the Scottish Government to oversee the monitoring of local BSL Plans and this will include annual reporting frameworks. Throughout the duration of our BSL Plan we will seek to continue to engage with our local BSL community to keep them updated and encourage their input and feedback.

John will share his story in a signed conversation with Stacey, detailing his experiences navigating his cancer journey within our healthcare service. He'll discuss both the positive and challenging aspects of his care, highlighting where communication gaps previously impacted his access to information and services. His account underscores the importance of our BSL Plan in addressing these needs, helping us identify and overcome barriers faced by BSL users. John's journey reflects our commitment to improvement, showing how his involvement has already contributed to meaningful changes that enhance accessibility and support for the D/deaf community.

Implications

Financial Implications
We are fully appreciative of the current financial climate all NHS Scotland Boards find themselves within and have been very conscious of this when developing the plan. Therefore, there are no additional costs associated, other than those already absorbed by departments across the organisation. The work outlined within the plan focuses upon improvements and sustainable changes that will help us deliver our statutory duties. The only potential increase to be expected may be in relation to BSL Interpretation requests; however it is anticipated that this will be balanced in a reduction of other costs such as the need for duplicate appointments due to communication barriers or missed appointments entirely.

Workforce Implications
Providing staff with disability awareness training and BSL-specific education will support both personal development and quality of patient care. These skills will also prepare our workforce to meet the needs of our local BSL population more effectively, now and in the future. Moreover, as many of our staff are also part of our community, they may have family or friends who are BSL users, meaning that this Plan will have a positive impact on both their professional interactions and personal lives.

Infrastructure Implications including Digital
There are no specific Infrastructure Implications in relation to the paper, however any workstreams arising from the work will always consider the long-term impacts of any proposed infrastructure changes.

Sustainability Implications

There are no specific Sustainability Implication in respect of the paper, however any workstreams arising from the strategy will always consider any environmental impact and will ensure the most sustainable approach is adopted where possible.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*

□ *Yes*
√ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
We would anticipate an improvement to both quality and patient care as a result of the concerted efforts to remove barriers and improve accessibility to our services for the BSL community. As with any improvement work that seeks to address a particular protected characteristic group, it is evidenced that this benefits the entire population as a result of more inclusive practices that don't just accommodate but celebrate diversity.

Information Governance Implications
There are no specific Information Governance Implications in respect of the paper, however in relation to any personal data gathered as part of the strategy workstreams (i.e. communication needs within patient records), we will ensure all information governance policies are adhered to, in particular in relation to GDPR criteria. We would seek to include Information Governance colleagues within any appropriate workstreams.

Risk Assessment / Management
There are no risks identified at this time, but should any arise, we would endeavor to work with our risk management colleagues to address and mitigate against as necessary. A risk register will be kept alongside the action log for the Plan and any issues will be addressed and raised accordingly.

Relevance to Strategic Priorities
The recommendations outlined within this paper would be relevant to the following strategic priorities:

- Equality and Inclusion work streams form an integral part of NHS Forth Valley's Annual Operating Plan and the review of the Healthcare Strategy. This work should also influence actions taken within the HSCPs;
- Our People Strategy and Values;
- Culture Change and Compassionate Leadership Programme.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.
Further to an evaluation it is noted that:

- Full Equality Impact Assessment (EQIA) available and attached as appendix 2.

Consultation Process
We engaged in a comprehensive and inclusive consultation process to develop this plan, actively seeking input from individuals with lived experience and a broad range of key stakeholders at every stage. Feedback from our BSL community members has been overwhelmingly positive, reflecting their support and enthusiasm for the plan's goals and initiatives. The British Deaf Association (BDA) has recognised our efforts as a model of good practice in collaborative and partnership working and intends to use our approach as a benchmark for other organisations aiming to improve accessibility and inclusivity for BSL users. This acknowledgment highlights the commitment and impact of our work toward creating a more inclusive healthcare environment for all.

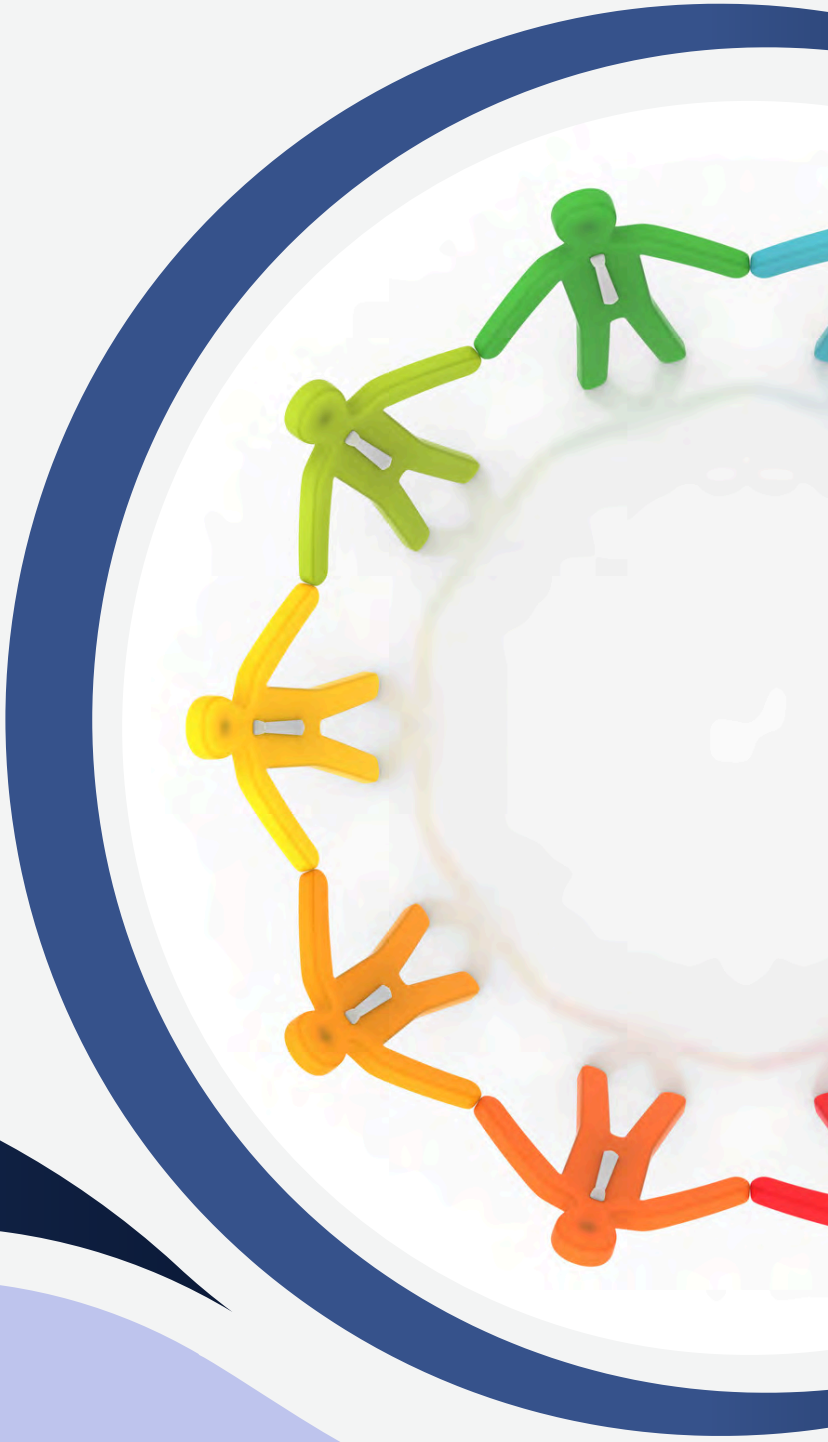
Appendix 1 - BSL Plan 2023 to 2029
Appendix 2 - Joint EQIA (for information)

Falkirk Council

NHS Forth Valley

BRITISH SIGN LANGUAGE PLAN

2023 - 2029



Working in partnership to create the conditions for BSL users to thrive as engaged, informed, and empowered citizens within our Forth Valley community.

Falkirk Council

NHS Forth Valley

Contents

Page 1 - Contents Page
Page 2 - Key
Page 3 - Foreword
Page 4 - Foreword Continued
Page 5 - Policy Context and Key Legislation
Page 6 - Policy Context and Key Legislation Continued
Page 7 - Priority One: BSL Accessibility
Page 8 - Priority Two: Children, Young People and their Families
Page 9 - Priority Two: Continued
Page 10 - Priority Three: Access to Employment
Page 11 - Priority Three: Continued
Page 12 - Priority Four: Health and Wellbeing
Page 13 - Priority Four: Continued
Page 14 - Priority Five: Celebrating BSL Culture
Page 15 - Priority Six: BSL Data
Page 16 - Priority Six: Continued
Page 17 - Priority Seven: Transport
Page 18 - Priority Eight: Access to Justice
Page 19 - Priority Nine: Democratic Participation
Page 20 - Monitoring and Reporting
Page 21 - Giving us your Feedback
Page 22 - Alternative Formats

Please note, whenever we refer to 'BSL users' we mean Deaf and /or Deafblind people (those who receive the language in tactile form due to sight loss) whose first or preferred language is British Sign Language (BSL).

Key

BSL Accessibility

Children, Young People and their Families

Access to Employment

Health and Wellbeing

Celebrating BSL Culture

BSL Data

Transport

Access to Justice

Democratic Participation

Foreword

Welcome to NHS Forth Valley's and Falkirk Council's joint BSL Plan 2023-2029. This document shows our commitment to our British Sign Language (BSL) community, and the strength that comes from working together.

We recognise the success of our past work in creating a solid foundation that we can continue to build from. This joint plan is a living document that will continue to change because of ongoing conversations, ongoing dialogues, partnerships with representative organisations, and the continual support, feedback and experiences of our BSL community.

This plan seeks to further improve services that interact with the language, culture, and unique needs of Deaf and Deafblind BSL and Tactile BSL users across NHS Forth Valley and Falkirk Council.

We have involved Deaf, Deafblind BSL Users, Deaf organisations, partner organisations, local communities and our staff when developing this BSL Plan and proposed actions. We will continue to engage throughout the lifetime of this plan, we will report locally on our progress via our governance structures and equality frameworks.

Over the next six years, we will focus on the nine priority areas, as laid out in the Scottish Governments National Plan, making sure our combined efforts are in line with these key goals.

Foreword cont.

Our goal extends beyond basic accessibility; we aim to create an environment where every BSL user can live, work, learn, and visit with ease and inclusion.

Working in partnership, we strive to create the best overall outcomes for individuals across Falkirk & Forth Valley. We acknowledge our joint services and multi-disciplinary teams are complex, and recognise the importance of promoting knowledge sharing. This ensures that working together is productive, effective, and efficient; making sure we give the best support possible to our BSL community.

The BSL (Scotland) Act 2015 offers us a chance to demonstrate our shared dedication to recognising and appreciating BSL as a distinct language. It's an opportunity to truly integrate the needs of Deaf, Deafblind, and Tactile BSL users into the core operations of our organisations.

Both NHS Forth Valley and Falkirk Council are committed to joint working to improve the lives of BSL users. Whilst this plan recognises the importance of our partnership, it does not take away the responsibility of individual organisations.

In conclusion, this BSL Plan represents a joint commitment to shaping a better future. A future where diversity and inclusivity are integrated into every aspect of our organisations and BSL users can thrive as engaged, informed, and empowered citizens. This is a transformative journey as we work together to make Forth Valley a hub of BSL-friendly excellence, ensuring equal opportunities for all individuals.

Policy Context and Key Legislation

The development of our BSL Plan is guided by key legislation and policies that ensure the rights and needs of BSL users are recognised and addressed.

The primary foundation is the British Sign Language (Scotland) Act 2015, which requires public bodies to promote BSL and publish plans every six years, outlining how they will support BSL users.

Our approach also aligns with the Equality Act 2010, which mandates eliminating discrimination and advancing equality of opportunity for all, including those with disabilities. This Act emphasises accessibility and inclusiveness in service delivery.

The Health and Social Care Standards (2018) shape our BSL Plan by ensuring high-quality, tailored care and support that promotes respect, dignity, and inclusiveness.

Additionally, the Scottish Government's National Plan for BSL (2023-2029) sets a framework for improving the lives of BSL users across Scotland, emphasising accessible information, services, and opportunities.

By adhering to these key policies and legislative requirements, we are committed to creating an environment where BSL users can fully participate and thrive in our communities. Our BSL Plan ensures fair access to services, information, and opportunities, contributing to a more inclusive and supportive society.

Policy Context Continued

Falkirk Council

At a local level, the Falkirk Council Plan 2022 – 2027, sets out what the Council aims to achieve over a five-year period. To reflect the current social, economic and environmental challenges that our area faces, the vision for Falkirk is to be a place of "Strong communities where inequalities are reduced and lives are improved".

This refreshed local BSL plan supports the following Falkirk Council's priorities:

· Supporting stronger and healthier communities

· Promoting opportunities and educational attainment and reducing inequalities

NHS Forth Valley

NHS Forth Valley BSL Plan 2023 – 2029 outlines our goals and commitments over the next six years, in response to the specific needs of our BSL community. Our vision is to create an inclusive environment where BSL users have equitable access to healthcare services, leading to improved health outcomes. We are dedicated to reducing communication barriers, promoting equal opportunities, and ensuring that every BSL user feels supported and respected within our healthcare system.

This is an integral part of our Equality Objectives April 2024 to April 2025;

- Our People Strategy and Values
- Our Workforce Wellbeing Plan 2022-2025
- Person-Centred Care priorities
- Culture Change and Compassionate Leadership Programme
- Scottish Government Escalation Plan
- Anchor Plan
- Once for Scotland policies

Priority One
BSL Accessibility

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> To remove accessibility as a barrier for BSL users in all aspects of life, recognising the importance of having accessible information in the right format at the right time, utilising technology and increasing people's awareness of communication tools.

We will:

- Continue to promote the use of Contact Scotland BSL, Scotland's BSL online interpreting Video Relay Service to staff and our local BSL users.
- Continue to improve access to our information, including our websites, information videos, social media platforms and other accessible formats, ensuring inclusivity for all users.
- Offer staff Deaf and Deafblind awareness/culture training and courses for BSL (visual and tactile) that are accredited and non accredited.
- Review and update information available to staff on the wide range of communication support available, including how to book and work with interpreters effectively.

Falkirk Council

NHS Forth Valley

Priority Two

Children, Young People and their Families

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a deaf or deafblind child and their family offered the right information and support at the right time to engage with BSL. We will strengthen partnerships between relevant organisations to overcome barriers for BSL users and deaf/ deafblind children to ensure they have the support they need at all stages of their learning, so that they can reach their full potential.

We will:

- Make sure information on all options for language and communication is available to children and their families from the point of diagnosis of hearing loss/deafness.
- Ensure families of Deaf and Deafblind children have access and information on the nationally developed BSL resources and advice.
- Support, signpost and give information to staff working with children, young people and their families on Deaf culture, resources available and communication methods, making sure they have the necessary knowledge and tools to effectively engage with the Deaf community.

Priority Two
Children, Young People and their Families Cont.

We will:

- Continue to work to together to ensure integrated approaches that coordinate care and support.
- Offer learning opportunities and professional development opportunities in Deaf, Deafblind awareness & BSL for all staff.
- Maintain the integration of Deaf studies into relevant educational curricula.

Priority Three
Access to Employment

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> BSL users will receive person centred support to develop their skills, consider what route to employment is right for them and enter into the workforce so that they can fulfil their potential, and improve Scotland's economic performance. They will be provided with support to enable them to progress in their chosen career.

We will:

- Work with employment specialists to help them better assist BSL users according to their needs.
- We will liaise with our Employability and Training Leads to make improvements and remove barriers for BSL users seeking employment opportunities within our organisations.
- We will engage with current BSL colleagues to learn more about their lived experience and seek their ideas for improvements.
- Promote awareness within the local community about the UK government's 'Access to Work' (ATW) scheme among employers and BSL users.

Priority Three
Access to Employment Cont.

We will:

- Promote inclusive access to employment opportunities for Deaf individuals through ongoing initiatives aimed at fostering diversity and inclusion in the workforce

- Work together with Careers Services, Skills Development Scotland, and other local and national agencies to make sure that BSL users have fair chances for successful and fulfilling opportunities after school.

Priority Four
Health and Wellbeing

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives.

We will:

- Direct BSL users to accessible health and social care information in visual and tactile BSL through our various NHS, Council and Health and Social Care Partnership communication channels, including websites and social media. Additionally, develop complementary information in BSL and tactile BSL as needed.

- Improve how we provide social care services to BSL users, both in residential settings and at home, to make them easier to access and more effective.

- Ensure that any local work to tackle social isolation explicitly considers the needs of BSL and tactile BSL users.

- Consider the socio-economic impact of being a BSL user and how this may affect financial wellbeing and ability to access services.

Priority Four
Health and Wellbeing cont.

- Continue to adopt a person-centred approach to healthcare, ensuring fair and equitable access to all our services. Recognising the importance of treating each individual uniquely, empowering BSL users to access the information and services they need to make informed health choices.

- Continue to highlight the importance of specialised mental health and Child and Adolescent Mental Health Service (CAMHS) services tailored to the needs of the Deaf community, recognising the importance of ensuring accessibility for BSL users within existing services.

Priority Five
Celebrating BSL Culture

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> BSL users will have full access to the cultural life of Scotland, and equal opportunities to enjoy and contribute to culture and the arts, and are encouraged to share BSL and deaf culture with the people of Scotland.

We will:

- Collaborate with partners, organisations and relevant stakeholders to promote inclusive participation of BSL users in Culture and the Arts as both participants and audience members.
- Provide support and guidance to BSL users interested in pursuing careers in Culture and the Arts by facilitating connections with relevant resources and opportunities.
- Use online platforms to promote BSL information and events linked to historical environments, performing arts, film, cultural events, venues, and opportunities.
- Acknowledge and celebrate various diversity calendar events associated with the Deaf and Deafblind community to raise awareness and promote inclusivity.

Priority Six
BSL Data

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> To strengthen the evidence and data on the BSL community in Scotland to better inform decision making in public policy and service design.

We will:

- Engage with our BSL community, partners, organisations and networks to identify what evidence exists.
- Use the expertise from these groups to inform decision making and improve services for BSL users in the area.
- Work towards making sure our records and databases have the capacity to record preferred contact method, first or preferred language, interpreter/deafblind interpreter and/or guide communicator required.
- Explore how we can improve our systems to ensure efficient interpreter booking, consistent care, and seamless information sharing between services, with a strong focus on meeting patients' communication needs and language preferences.

Priority Six
BSL Data cont.

- Raise staff awareness of the importance of communication methods and language preferences for improving patient-centred care.

- NHS Forth Valley and Falkirk Council will work together to address barriers to gathering BSL data and evidence. We will identify and prioritise gaps in the current evidence base for BSL users in Forth Valley.

Priority Seven
Transport

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> BSL users will have safe, fair and inclusive access to public transport and the systems that support all transport use in Scotland.

We will:

- Advocate for the needs of BSL users with local and national transport organisations.
- Collaborate with local transport organisations to raise awareness of BSL and explore solutions for improving accessibility for BSL users during travel.

Priority Eight
Access to Justice

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> BSL users will have fair and equal access to the civil, criminal and juvenile justice systems in Scotland.

We will:

- Continue to support and promote Forth Valley Sensory Centre as a Hate Crime Reporting Centre.
- Continue to support Forth Valley Sensory Centre to ensure staff can use BSL, have trained with Police Scotland, and can provide support as needed.
- Continue to provide communication support and facilitate BSL interpretation for those accessing Prison healthcare services.
- Continue to provide communication support and facilitate BSL interpretation for those interacting with Falkirk Justice Services.

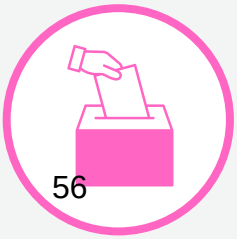
Priority Nine
Democratic Participation

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

> BSL users will be fully involved in democratic and public life in Scotland, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies.

We will:

- Endeavour to book BSL interpreters for our public meetings upon request, and continue to advocate for better accessibility for BSL users at local election stations and offices.



Monitoring and Reporting

Our plan will regularly be reviewed and updated as needed. It may change as we improve and discover new things.

A comprehensive progress report on the plan will be presented in the future, showing improvements made and offering useful changes.

We are committed to ongoing, transparent, clear communication with our BSL community. Consultation and engagement will continue after the plan's launch and during significant progress points.

BSL users are encouraged to share their feedback at any time. This can be positive or negative, this input helps us focus on the areas of greatest need and address the priorities of our local community.

Giving us your Feedback

We welcome any comments relating to our plan. You can provide feedback in the following ways:

Lead: Stacey Gourlay

Email or video to: fv.equality@nhs.scot

Call: 01324 590871

Text, Video call : 07990690605

Via: contactSCOTLAND-BSL

Mailing Address: NHS Disability Equality and Access Service, Forth Valley Sensory Centre, Redbrae Road, Camelon, Falkirk, FK1 4DD

Lead: Natalie McKechnie

Email or video to: sensory@falkirk.gov.uk

Call: 01324 590875

Text, Video call : 07736149585

Via: contactSCOTLAND-BSL

Mailing Address: Falkirk Council Sensory Services Team, Forth Valley Sensory Centre, Redbrae Road, Camelon, Falkirk, FK1 4DD

Falkirk Council

NHS Forth Valley

Alternative Formats

We are happy to provide this document in other languages or formats such as Braille, Audio or Large Print. To request an alternative format, please contact us using your preferred method below:

Falkirk Council

Call: 01324 590875

Text: 07736149585

Email: sensory@falkirk.gov.uk

NHS Forth Valley

Call: 01324 590886

Text: 07990690605

Email: fv.equality@nhs.scot

Appendix 2

Equality & Poverty Impact Assessment

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Completed jointly by; Equality, Inclusion and Wellbeing Service, NHS Forth Valley and Falkirk Council Sensory Services Team.	**Lead Officer Name:**	Stacey Gourlay (NHS) Natalie Mckechnie (Falkirk Council)
		Team:	Joint BSL Plan
		Tel:	01324 590871 (NHS) 01324 590875 (Falkirk Council)
		Email:	Stacey.gourlay@nhs.scot Natalie.mckechnie@falkirk.gov.uk
Proposal:	Joint BSL Plan 2023-2029	**Reference No:**	

What is the Proposal?	**Budget & Other Financial Decision**	**Policy (New or Change)**	**HR Policy & Practice**	**Change to Service Delivery / Service Design**
		✓		
Who does the Proposal affect?	**Service Users**	**Members of the Public**	**Employees**	**Job Applicants**
	✓	✓	✓	✓
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):

May 2024	To work in partnership to create conditions for BSL users to thrive as engaged, informed, and empowered citizens within our Forth Valley community. The projected outcomes of this joint BSL Plan are to make improvements around access, information, and inclusivity of our local services. These are aligned to the 9 Scottish Government priorities areas for the BSL community, which are as follows: • BSL Accessibility

	• Children, Young People and their Families • Access to Employment • Health & Wellbeing • Celebrating Deaf Culture • BSL Data • Transport • Access to Justice • Democratic Participation
May 2024	To enhance partnership working and integration, removing barriers and reducing potential overlap and duplication of service delivery and support to collaboratively meet our statutory obligations to the BSL Community. The actions and objectives outlined within this plan will be owned and implemented by the NHS Forth Valley Equality, Inclusion and Wellbeing Service and Falkirk Council's Sensory Services Team. Therefore the objectives are cost-neutral to both organisations as they are a continuation or improvement of workstreams already being undertaken.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:		n/a	**Benchmark, e.g. Scottish Average**
Current spend on this service (£'0000s)	**Total:**	n/a	n/a
Reduction to this service budget (£'0000s)	**Per Annum:**	n/a	n/a
Increase to this service budget (£'000s)	**Per Annum:**	n/a	n/a

SECTION THREE: EVIDENCE	Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)		
If this is a change to a charge or concession please complete.	Current Annual Income Total:	n/a	n/a
	Expected Annual Income Total:	n/a	n/a
If this is a budget decision, when will the saving be achieved?	Start Date:	n/a	n/a
	End Date (if any):	n/a	n/a

A - Quantitative Evidence	This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

B - Qualitative Evidence	**This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.**
Social - case studies; personal / group feedback / other	

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	
Is further research necessary?	Yes / No

If NO, please state why.	

SECTION FOUR: ENGAGEMENT	Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes
If YES, please state who was engagement with.	Multiple modes of engagement have been undertaken as part of the joint BSL Plan to ensure adequate and effective collaboration with local communities, colleagues and service users. This included active promotion and invitation to participate to the following: • BSL Users and Tactile BSL Users; • Family, friends and carers; • Staff; • Local Authorities and Local Counsellors; • Local Colleges and Universities; • Police Scotland; • British Deaf Association (BDA) on behalf of Scottish Government; • Third Sector organisations; • Minority Groups. There were multiple ways for individuals and organisations to engage with us and provide valuable lived experience input and feedback. We were mindful of the varying requirements and accessibility needs within our local community, including those within protected characteristic groups or with potential socio-economical barriers and therefore utilised this multiple-method approach to try and mitigate against such barriers. Digital exclusion was also factored in and any online posts or engagement methods were also circulated in printed formats where appropriate/possible. We also texted directly to community members with information about how to get involved. This included: • Face-to-face meetings and events including focus groups; • Online sessions and opportunities to connect (utilising various multimedia resources across all our online platforms); • Public survey; • Direct targeting of local BSL Users and key community organisations; • Offered engagement opportunities for all staff members;

	Consultation was also conducted via our Working Group (BSL Users) and Steering Group (Joint Organisation Strategic Group). There was always an option for Interpretation or Translation of engagement methods and the offer of 1:1 discussion with a member of the team to address any accessibility issues or concerns.	
If NO engagement has been conducted, please state why.	n/a	
How was the engagement carried out?		**What were the results from the engagement? Please list...**
Focus Group	✓	We had positive engagement and the key issues identified that were requested to be addressed within the joint plan included: • Lack of access to information in first or preferred language; • Lack of prior identification/knowledge of BSL users; • Lack of communication/data sharing between services; • Lack of specialist and appropriate mental health services for Deaf people; • Lack of understanding and knowledge of processes for support such as how to book an Interpreter; • Lack of knowledge and education (self-reported) of the BSL community by staff members; • Difficulty accessing services.
Survey	✓	As above.
Display / Exhibitions	×	
User Panels	✓	As above.
Public Event	✓	As above.
Other: please specify	As outlined above.	
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?		Yes

Have the results of the engagement been fed back to the consultees?	Yes
Is further engagement recommended?	Yes, engagement with the community will be continuous.

Equality Protected Characteristics:	What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.			
Protected Characteristic	**Neutral Impact**	**Positive Impact**	**Negative Impact**	**Please provide evidence of the impact on this protected characteristic.**
Age		✓		We anticipate a positive impact in relation to Age at all levels as one of the key priorities is Children, Young People and their Families which will help reduce the barriers in relation to lack of information and support which is especially prevalent from birth to young adolescence, as service provision often inhibits the ability for effective engagement at the earliest possible opportunity during the life of a BSL User. The plan seeks to address some of these barriers and promote engagement and intervention at the earliest possible stage, continued throughout their development and into adult life as standard. It will seek to empower Children, Young People and their Families to know where and how to access support. In the wider sense, as the Plan outlines actions that will improve access to services and information, this will benefit BSL Users of all ages and make a positive impact to their lives.
Disability		✓		We appreciate and respect that individual BSL Users will make their own choice in relation to whether they identify as having a disability and the variance that will exist within the community. However, we recognise the challenges and prejudices that will occur throughout a BSL User's lifetime. This includes the use of discriminatory language and terminology, in addition to wider communication barriers. The plan will help by raising staff awareness and improving education around the wider D/deaf community. Therefore, we would anticipate a positive impact on not just the D/deaf community, but also the wider Disability community as it will promote disability awareness and inclusion, enhancing communication and reduced barriers.

Sex	✓			The Plan encourages equal opportunities for all, regardless of sex. Therefore there would be a neutral impact/no effect.
Ethnicity	✓			The Plan encourages equal opportunities for all, regardless of ethnicity. Therefore there would be a neutral impact/no effect.
Religion / Belief / non-Belief	✓			The Plan encourages equal opportunities for all, regardless of religion/belief/non-belief. Therefore there would be a neutral impact/no effect.
Sexual Orientation	✓			The Plan encourages equal opportunities for all, regardless of sexual orientation. Therefore there would be a neutral impact/no effect.
Transgender	✓			The Plan encourages equal opportunities for all, regardless of transgender identity. Therefore there would be a neutral impact/no effect.
Pregnancy / Maternity	✓			The Plan encourages equal opportunities for all, regardless of pregnancy or maternity. Therefore there would be a neutral impact/no effect.
Marriage / Civil Partnership	✓			The Plan encourages equal opportunities for all, regardless of marriage/civil patnership. Therefore there would be a neutral impact/no effect.
Poverty		✓		The Plan will consider the socio-economic impact of being a BSL User and how this will affect financial wellbeing. We will work directly with a variety of colleagues, internal and third sector, to ensure adequate signposting and support for BSL Users. This will include employability agencies, Community Link Workers and other appropriate partners. Therefore, we would aim for a positive impact in relation to poverty, with greater consideration to the wider holistic needs of an individual and the support they may require in addition to BSL Interpretation.
Care Experienced	✓			The Plan encourages equal opportunities for all, regardless of care experienced status. Therefore there would be a neutral impact/no effect.

Other, health, community justice, carers etc.		✓		The BSL Plan and associated actions and objectives will help across all services and therefore have a positive impact on health colleagues, local authority colleagues, justice colleagues, community colleagues, third sector colleagues, volunteers and carers. By raising awareness of the needs of the BSL community, it will empower individuals to feel more confident and skilled in delivering our statutory duty across these services.

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	By raising awareness and providing education around the culture, needs and communication requirements of BSL and tactile BSL Users, we would hope to see a reduction in discrimination, harassment, victimisation and other prohibited conduct. There is limited evidence to show that the objectives outlined within this plan could result in discrimination or harassment given the impact levels described within section 5.
Advance Equality of Opportunity:	By providing adequate support and access to services and information, we are improving the equity of this group and therefore reducing negative experiences that result in a lack of opportunity or barriers to opportunities. For example, in relation to the disproportionate support that BSL and tactile BSL Users can receive throughout their lives, we acknowledge the detrimental impact that can have on the D/deaf community having equal opportunities. The work outlined within this plan seeks to address this and promote equity, thus advancing equality of opportunity. Again, there is limited evidence to show that the objectives outlined within this plan could result in unfair advantage or disadvantage to people, given the impact levels described within section 5.
Foster Good Relations (promoting understanding and reducing prejudice):	We acknowledge that poor relations and prejudice often arise from a lack of understanding and awareness of the D/deaf community by society (and vice versa) and would be confident that the objectives within the plan seek to foster good relations by improving knowledge and understanding for both parties. There is evidence to show that the objectives outlined within this plan could result in fostering good relations as working together to enhance knowledge and understanding of different groups and their differing needs will help to build relationships (Cameo, 2018, Scottish Care).

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	✓	By supporting the BSL and tactile BSL community, we would hope to have a positive effect on local businesses as we would be encouraging members of the community to assimilate more within society and therefore access local businesses more as they grow in confidence and skills to integrate without fear of harassment or discrimination. Moreover, this would also have a positive impact by increasing the talent pool of the local community that businesses can tap into for employment as we can support BSL and tactile BSL users to access recruitment support suited to their needs.
Councils	✓	Plan owner. Falkirk Council's Sensory Services Team would have ownership and responsibility for undertaking their actions outlined within the plan, however they would be available to support any other departments or services within the Local Authority to make positive improvements to how they interact with the BSL or tactile BSL community.
Education Sector	✓	The Education Sector would have an interest in the plan as it outlines the ways in which we will engage with Children, Young People and their Families and help to support them, signposting as required to local services or resources. Windsor Park School in particular have a very strong links with both NHS Forth Valley Equality, Inclusion and Wellbeing Service and Falkirk Council's Sensory Services Team and have been instrumental in engaging with and informing our plan.
Fire	✓	The Fire Service would have an interest in the plan as it outlines the ways in which we will engage with the D/deaf community and help to support them, signposting as required to local services or resources. This may include signposting to and collaborating with the Fire Service to help support the community to access Fire Safety visits.
NHS	✓	Plan owner. NHS Forth Valley's Equality, Inclusion and Wellbeing Service would have ownership and responsibility for undertaking their actions outlined within the plan, however they would be available to support any other departments or services within the NHS and HSCPs to make positive improvements to how they interact with the BSL or tactile BSL community. This can include training and awareness sessions.
Integration Joint Board	✓	Although there is no statutory requirement for HSCPs to produce their own BSL Plan, they would have an interest and both NHS Forth Valley's Equality, Inclusion and Wellbeing Service and Falkirk Council's Sensory

		Services Team would be happy to help support them to make positive improvements to how they interact with the BSL or tactile BSL community.
Police	✓	Police Scotland would have an interest in the plan as it outlines the ways in which we will engage with the D/deaf community and help to support them, signposting as required to local services or resources. This may include signposting to and collaborating with Police Scotland to help support the community to access their help as required.
Third Sector	✓	There will be varying levels of interest and involvement with the Third Sector with signposting to and collaborating with individual local and national charities and third sector partners to help support the community to access their help as required. Both teams who own the plan are based within the Forth Valley Sensory Centre and will maintain close links with those situated in the building, which includes RNID. Furthermore, the BDA on behalf of Scottish Government are responsible for the reporting aspect of this plan and as with previous plans, we will work closely with them to ensure we are meeting the needs of our local D/deaf community.
Other(s): please list and describe the nature of the relationship / impact.	n/a	

Mitigating Actions:	If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.
As outlined within section 5, where there is an impact upon a protected characteristic group, this will be positive. Therefore no mitigating actions are required as this will have positive ramifications for the larger equity and inclusion agenda.

Are actions being reported to Members?	Yes
If yes when and how ?	Each time the BDA visit to review the progress against the plan, we will ensure a consultation event with members of the D/deaf community and other relevant stakeholders and partners to share with them progress and ask for feedback. We will also communicate our progress to the relevant governance structures within each of our organisations.

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.		
No major change required	✓	The Plan is a guidance document that outlines what we are doing as services to support the D/deaf community and is a statutory requirement from the Scottish Government. This EQIA has confirmed that impacts will be positive or neutral for other protected characteristic groups and therefore requires no mitigating actions. As a result, no major change is required and the plan can go ahead as required.
The proposal has to be adjusted to reduce impact on protected characteristic groups		
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups		
Stop the proposal as it is potentially in breach of equality legislation		

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer: Stacey Gourlay and Natalie Mckechnie			
Signature:	*Stacey Gourlay and Natalie Mckechnie*	**Date:**	18.04.2024

Page:

OVERALL ASSESSMENT OF EPIA:	**Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?**	Yes / No

ASSESSMENT FINDINGS **If YES, use this box to highlight evidence in support of the assessment of the EPIA** **If NO, use this box to highlight actions needed to improve the EPIA**		
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?	Yes / No	If YES, please describe:

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA

LEVEL		**COMMENTS**
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:		**Date:**	

Page:

FORTH VALLEY AUDIT & RISK COMMITTEE
FRIDAY 24 JANUARY 2024

8.1 Minute of the Audit & Risk Committee held on 25 October 2024

For: Noting

Minute of the Forth Valley Audit & Risk Committee held on Friday 25 October 2024 via MS Teams

Present: Fiona Collie (Chair) Robert Clark

In Attendance: Anne Marie Machan, Regional Audit Manager
Neena Mahal, Board Chair
Joceyln Lyall, Chief Internal Auditor
Kerry Makenzie, Acting Director of Strategic Planning & Performance
Ross McGuffie, Chief Executive
Sandy Denholm, Deloitte
Scott Urquhart, Director of Finance
Vicky Webb, Head of Risk
Ian House, Deloitte
Sarah Smith (Minute taker)

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1. APOLOGIES

Apologies were noted on behalf of John Stuart.

2. DECLARATION(S) OF INTEREST(S)

There were no declarations of interest.

3. MINUTE OF FORTH VALLEY AUDIT & RISK COMMITTEE MEETING

Minute of NHS Forth Valley Audit Committee meeting held on 22 March 2024
Minute of Audit Committee held on 14 June 2024

The Audit Committee were advised that the minutes from the meeting on 22 March 2024 had been recirculated due to attendance not being quorate at time of approval. As Mr Stuart was not present at this meeting, the minutes would be emailed to him for virtual approval.

The minute from the meeting on 14 June 2024 was approved as an accurate record, subject to the following amendment:

- Page 7, Strategic Risk total should be amended to 13

4. ACTION LOG & MATTERS ARISING

4.1 ACTION LOG

The action log was reviewed and would be updated to reflect discussions. This included the removal of completed items. The following was noted:

2. Level of detail on risk controls and actions - Vicky Webb confirmed additional information had been added to the report that would be discussed at Agenda item 9.1.

The NHS Forth Valley Audit and Risk Committee:

- **Noted the update to the Action Log.**

5. INTERNAL AUDIT

5.1 Internal Audit Annual Plan & Strategic Plan

The Audit Committee considered the Draft Strategic Plan 2024/25 – 2026/27 and Draft Operational Internal Audit Plan 2024/25 presented by Jocelyn Lyall, Chief Internal Auditor.

The report was being presented for formal recording of approval, following virtual approval in September 2024.

Mrs Lyall confirmed the plan provided substantial assurance around two areas, namely

- Draft Strategic & Operational Plan preparation and assessment
- Confirmation the plans provided sufficient coverage to enable provision of year end assurance by the Chief Internal Auditor.

Background and assurance were provided around the planning process, with governance route of approval outlined. Clarification was provided that work was being undertaken on a 3-year planning cycle, aligned to Scottish Government requirement for three-year delivery of financial plans. Benefits of this approach were noted with confirmation the plan could be flexed throughout the year to due to risks or emerging priorities. Any changes would be brought to this Committee for approval.

A number of vacancies were noted across the FTF Consortium, which resulted in a 45-day reduction in provision. It was confirmed discussion had taken place to confirm delivery of key audit assurances.

The Appendices were outlined, noting these set out the proposed Strategic and Annual Plan. Highlights from the 2024/25 Operational Plan were outlined, noting comprehensive coverage. Detail was provided around key focus areas and recognition of work currently underway.

The Senior Leadership Team had undertaken a robust discussion around the overall plan. This resulted in the commissioning of Complex Care. For this area, it was confirmed there was clear Strategic Risk alignment. It was agreed further discussion would take place outwith the meeting.

In terms of the Population Health Audit, clarity was sought around areas of coverage. This was in recognition of the limited progression of the work. Mrs Lyall recognised with was a previously unexplored area and clarity would be provided when assignment plans were agreed. It was recognised that Population Health and Value Based Healthcare was a key pillar and there was a need to ensure clarity around areas of coverage and appropriate timing to ensure the best outputs. The high level of the audit was noted.

Mr McGuffie recognised Population Health and Value Based Health Care was a key pillar in the Board's function with further discussion required around timing to ensure maximum benefit.

The Members of the Audit and Risk Committee thereafter:

- **Formally recorded the electronic approval of the Strategic and Operational Plans as set out in Appendix 1 and Appendix 2.**

5.2 Internal Audit Progress Report

The Audit Committee received a paper titled Internal Audit Progress Report presented by Ms Anne Marie Machan, Regional Audit Manager.

The paper provided an update on work undertaken since the last meeting held in June 2024. This included the publication of 2 further reports, Post Transaction Monitoring and Recruitment/Retention. The Emergency Department Review report had now been agreed and would be issued imminently.

Appendix 1 provided an overview of the issued reports, noting the Falkirk IJB Annual Report formed part of the overarching Forth Valley Plan.

The Post Transaction Monitoring Report was discussed in detail, with the Committee informed of the outcome and that the relevant information would be submitted to SG by the end of October.

In terms of the External Quality Assessment, Mrs Lyall confirmed this was required every 5 -years and would be completed by the Chartered Institute of Internal Auditors. This would assess against the current Public Internal Audit Standards. An improvement and forward focus was noted, recognising the Global Internal Audit Standards would come into effect in January 2025. Internal audit standards would be amended to reflect this, with implementation from April 2025. Planning and scope had been agreed. Emails would be issued to Stakeholders noting potential contact from Assessors. A Briefing would be attached to provide background and clarity around potential discussion areas. The importance of this area was recognised.

Areas for improvement included Recruitment and Retention, noting the role of the Vacancy Management Control Group. Ongoing discussion was noted in a number of forums.

The Audit and Risk Committee thereafter: -

- **Noted that the report provides Reasonable Assurance on the progress with the remaining 2023/24 audits and the 2024/25 Annual Internal Audit Plan.**
- **Noted that an internal audit External Quality Assessment (EQA) will be completed during 2024/25.**

5.3 Internal Audit follow up protocol

The Audit and Risk Committee considered a paper ‘Internal Audit follow up protocol’ presented by Ms Anne Marie Machan, Regional Audit Manager.

The responsibility of Internal Audit was outlined with the protocol guiding and underpinning the process. An annual review was undertaken and changes brought to Committee.

Minimal changes had been made to the protocol and these were clearly outlined within the paper. Specific note was made around due date extension noting a review of the approval process. This was welcomed by Committee noting previous discussion around this item. It was clarified that contact would be required with Internal Audit in advance of extending Internal Audit Actions. This would be a combined approach of utilising Pentana and discussion with key colleagues.

Ross McGuffie outlined work being undertaken by the Management Team which would include Agenda planning for all Committees. This would aid in ensuring appropriate coverage for all audit actions. Ms Kerry Mackenzie outlined ongoing work to ensure audit follow up was put forward to all Assurance Committees, as well as all completed audits being followed through to relevant Committees

Note was also made of the enhanced reporting of Audit follow ups to Governance Committees. This had been well received. Return of the protocol would be made to Committee in March 2025.

The Audit and Risk Committee is asked to:

- **Considered and approved the revised AFU Protocol (Appendix A).**

5.4 Audit follow up report

The Audit Committee received the Audit follow up report presented by Ms Anne Marie Machan, Regional Audit Manager.

The paper provided an overview of implementation position around existing audit recommendations within the system up to end of September 2024. Following discussion with Director of Finance the format of the report had been amended to ensure priority focus. Assurance was provided there were no concerns in terms of the validation process around recommendations.

A status table outlined an improved completion position, against May 2024. Extensions were outlined, noting those outstanding were unchanged from the previous report. Further detail was provided within the report. Areas of highest concern were summarised on page 6 of the document.

Concern was expressed around a number of long outstanding actions. The Committee agreed additional detail would be sought to ensure appropriate timeline for completion. An update would be prepared and emailed to Committee in advance of the next meeting. This would enable clarification around any further requirements. **Action: Anne Marie Machan**

The Audit and Risk Committee thereafter:

- **Noted the implementation status of Internal Audit recommendations.**
- **Noted that this report provides Reasonable Assurance that action to address identified control weaknesses is being implemented as expected.**
- **Noted the Internal Audit opinion that agreed extended action by dates are reasonable, subject to the two actions which are risk assessed as red (two at June 2024).**
- **Noted where control weaknesses are not being addressed promptly this is escalated to the Director of Finance who ensures Senior Leadership Team (SLT) scrutiny of outstanding actions.**
- **Confirmed overall progress and any residual risk is considered acceptable.**

6. EXTERNAL AUDIT

6.1 External Audit Progress Report

The Audit Committee received a verbal update on External Audit Progress Report, led by Mr Sandy Denholm, Deloitte.

The Committee were informed a new Audit Partner had been recruited who would be signing off the NHS Forth Valley Audit. Mr Ian House had joined the call, noting his appointment as Engagement Lead. A brief introduction was undertaken.

In terms of the remainder of the update, timelines would be amended slightly, with planning work being undertaken in November/December. This would enable presentation to the January Audit and Risk Committee, which was welcomed. Field work would align with previous year.

Debrief sessions have been held around the previous year audit with learning undertaken and incorporated. Timelines for signing would also be consistent with last year.

The Audit & Risk Committee

- **Noted the verbal update provided.**

6.2 Accounts Commission Audit

The Audit & Risk Committee received a paper 'Accounts Commission Audit' presented by Mrs Jillian Thomson, Deputy Director of Finance.

A brief introduction was provided by Mr Urquhart, noting this paper was being presented in recognition of the challenging financial position, noting the issues impacting the IJBs could also affect the NHS Board in terms of wider financial sustainability.

It was noted the paper provided a high level summary of a paper published by the Accounts Commission in July 2024, this was on IJB finances and performance issues. The report focussed on 2022/23, however also highlighted a number of performance areas. Specifically that data quality and availability remained insufficient. For Commissiong and Procurement a focus was noted around costs rather than outcomes.

A number of recommendations were noted in relation to whole system collaboration. A proposal was noted for future reports to focus on the wider review of the whole system. This may result in recommendations for Health.

The Committee recognised the significant work being undertaken within both IJBs around financial sustainability, which recognised a clear implication for both the Board and Councils in terms of risk sharing. The importance of working as a whole system was recognised. Mrs Thomson confirmed close working with Chief Finance Officers in both Partnerships to develop the medium-term financial plan to ensure appropriate read across. Joint communications were also being provided.

The Audit and Risk Committee: -

- ***Noted*** **the contents of the Accounts Commission report and the implications for the NHS Board as a key partner of the IJBs.**

7. GOVERNANCE ISSUES

There were no items under this section.

8. COUNTER FRAUD

8.1 National Fraud Initiative Update

The Audit and Risk Committee considered a paper 'National Fraud Initiative' presented by Mrs Jillian Thomson, Deputy Director of Finance.

The paper summarised the outcome of the 2022/23 National Fraud Initiative and a copy was included within the circulated papers. The 2024/25 exercise was currently ongoing.

In terms of outcomes, the report concluded there was £21.5m of outcomes. Detail was provided around definition, noting minimal monetary savings. Assurance was provided there were no incidences of fraud or error detected in relation to e payroll of creditors information submitted by Forth Valley.

There were 3 high level recommendations detailed within the paper. Assurance was provided around each, noting one requested completion of a self-assessment checklist in advance of the 2024/25 exercise. This was being presented to Committee for approval.

In terms of the 2024/25 exercise, detailed was provided around timelines with the self-appraisal checklist included as an appendix. Three areas of action were outlined and agreed by Committee. Mr Clark highlighted publication of local outcomes, noting the need to ensure compliance with GDPR

The Audit and Risk Committee

- **Noted the contents of this report.**
- **Approved the completed self-assessment in advance of our participation in the 2024/24 exercise, noting the actions to be taken around Quarters 2, 3 and 7.**
- **Noted Counter Fraud week 17-23 November 2024 with Comms being organised.**

8.2 COUNTER FRAUD SERVICES (CFS) QUARTERLY REPORT TO 30 JUNE 2024

The Audit and Risk Committee received a paper 'Counter Fraud Services (CFS) Quarterly Report to 30 June 2024' presented by Ms Anne Marie Machan in her role as NHS Forth Valley's Fraud Liaison Officer.

The report summarised the fraud prevention activity relating to Quarter to June 2024. The Counter Fraud Services (CFS) Annual Report for 2023/24 was also referenced.

Key points within the reports were outlined, noting fraud prevention remained a key priority for the organisation and the Board.

Theft of controlled drugs was recognised as a significant challenge, with CFS undertaking a separate piece of work which would be shared on completion. Mrs Lyall referenced the Medicines Management Controlled Drug Policy Review published in February 2024. This provided limited assurance, with monitoring through the Audit follow up system. Close working was ongoing with Laura Byrne, Director of Pharmacy (also Controlled Drugs Accountable Officer) to ensure recommendations were actioned. Mr Urquhart proposed review of local investigations to enable targeted comms.

The Audit and Risk Committee:

- **Noted the attached CFS Annual Report 2023/24.**
- **Noted the attached CFS Report for the Quarter ending 30 June 2024.**
- **Noted the updates on other CFS related activity.**

9. RISK MANAGEMENT

9.1 Strategic Risk Register Q2 2024/25 update

The Audit and Risk Committee considered a paper 'Strategic Risk Register Q2 2024/25 update' presented by Miss Vicky Webb, Corporate Risk Manager.

Appendix 1 provided detail around all key movements within the Strategic Risk Register. It was noted there had been 3 increases in risk score within the last reporting period. Detail was provided within Section 2.3, noting all resulted from output of focussed reviews and not a deterioration in position.

In terms of Risk Environmental Sustainability and Climate Change, this was presented to the Performance & Resources Committee with limited assurance. Resulting actions were being taken forward.

An additional risk had been added around Health Inequalities (SRR20) and would be presented to the NHS Board in November 2024. This was currently a very high risk at 20, with a target of 10. If approved, proposal was to remove the Healthcare Strategy Risk (014) as it would be a key mitigation of this risk. Detail was provided within Section 2.2 of the report.

The Committee sought assurance around further controls that would be required in advance of presentation to the Board. Miss Webb confirmed she would discuss with Jennifer Champion to ensure this was reflective of current actions recognising these may not be completed in advance of the Board as these were the actions to mitigate the risk. **Action: Vicky Webb**

It was also recognised there would be a change to the oversight around Population Health & Care with movement from Clinical Governance to the new Strategic Performance and Planning Resources Committee which would commence in December 2024. Concern was noted around the number of risks that were sitting with this Committee with discussion to take place to ensure risks were sitting appropriately across the organisation and the standing assurance committees.

For SRR 019 Culture and Leadership, clarification was sought around Board Development Programme. Mr McGuffie noted several discussions held with Programme being finalised. 8 workstreams had been developed with Executive Leads being identified.

Mr Ross McGuffie also expressed his thanks to Miss Vicky Webb for the risk session held at the extended SLT. This had been extremely helpful.

Progress around mitigation of strategic risks was noted, with 6 controls completed within the last reporting period, with 11 overdue. Detail was provided within the paper, with assurance several had already been picked up.

The paper then outlined the following areas:

- Board's appetite, tolerance and exposure to Strategic Risk Profile
- 4 focussed reviews brought to Standing Assurance Committees
- Overview of discussion around each Strategic Risk with detail provided around assurance
- Discussion around Primary Care Sustainability focussed review presented to June Staff Governance. Work ongoing around reframing risk.

The Audit and Risk Committee

- **<u>endorsed</u> the proposed changes to the Strategic Risk Register for the period for onward reporting and approval by the NHS Board.**

10. ANY OTHER COMPETENT BUSINESS

Mr Urquhart advised that as part of the work being undertaken around the financial position, three key actions have been taken as requested by Scottish Government:

- Escalated authorisation controls have been instituted.
- System of internal financial controls have also been reviewed.
- Change to Governance arrangements around vacancy controls have also been instituted

Each of the above key areas would be reported through the Performance and Resources Committee. Therefore, no Governance items had been brought to this meeting to avoid duplication, however Mr Urquhart confirmed he would be happy to take any items through the P&R Committee. Ms Mahal confirmed the need for an offline discussion to ensure appropriate governance routes. **Action: Scott Urquhart/Ross McGuffie/Kevin Reith**

11. FUTURE COMMITTEE MEETING DATES

Friday 24th January 2025, commencing at 9.00am
Friday 21st March 2025, commencing at 9.00am

FORTH VALLEY NHS BOARD
8.2 Clinical Governance Committee Minute

For: Noting

Minute of the Clinical Governance Committee meeting held on Tuesday 10 September 2024 at 9.00am in Boardroom, Carseview House and via MS Teams.

Present:	Mrs Kirstin Cassells Mr Robert Clark Cllr Wendy Hamilton Mr Gordon Johnston Dr Michele McClung (Chair) Mrs Helen McGuire Mrs Neena Mahal Mr John Stuart	
In Attendance:	Mrs Lynda Bennie Miss Jennifer Brisbane (Minute) Ms Laura Byrne Dr Jennifer Champion Dr Aileen Cope (Item 11.2) Prof Frances Dodd Ms Catherine Dunn (Item 9.3) Mr Jack Frawley	Mrs Eilidh Gallagher (Item 6.1) Mr Jonathan Horwood Mr Andrew McCall (Item 7.1.2) Ms Hazel Meechan (Item 9.1) Dr Nabila Muzaffar (Item 8.3) Mr David Watson (Item 8.1) Miss Vicky Webb

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Margo Biggs, Ms Amanda Croft and Mr Andrew Murray.

2. Declaration of Interest

There were no declarations of interest.

3. Draft Minute of Clinical Governance Committee meeting held on 9 July 2024

The draft minute of Clinical Governance Committee meeting held on Tuesday 9 July 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted the below updates from the action log:

- Action 2: Committee members were advised that a more in-depth Professional Assurance Framework was being developed and noted the action as in progress.
- Action 25: Clarity was provided that the purpose of the deep dive paper was to assure the Clinical Governance Committee on the organisational duty of candour processes. Therefore, it was agreed that it would not be presented to the NHS Forth Valley Board.
- Actions 19, 20, 21, 22, and 24 were noted as complete.

5. Clinical Governance Committee Planner

The Clinical Governance Committee noted the Clinical Governance Committee Planner. The chair confirmed that all items noted within the committee planner were outlined on the meeting agenda, with the exception of Items 8.5 and 12.1 which were deferred to a future committee meeting. No paper was provided for Item 13.3.2 Scottish National Audit Programme (SNAP) Hip Fracture & Arthroplasty audit.

6. For Approval

6.1 Person Centred Care Annual Report

The Clinical Governance Committee received the 'Person Centred Care Annual Report'.

The purpose of the paper was to assess the feedback mechanisms in place across the organisation, and NHS Forth Valley's performance in line with national key indicators.

Key points considered:

- A reasonable level of assurance was proposed on the basis that processes were in place to monitor and manage complaints and feedback across the organisation. However, it was recognised that the performance needs required significant improvement.
- Combined performance across the organisation remained between 60-70% since April 2024, which saw a 10% increase in comparison to 2023-2024. However, an increase in complaints received resulted in the mitigation of improvement when performance reporting.
- A higher volume of complaints was being managed under the Stage 1 process, offering early resolution and prompter learning.
- Improvements were being developed to facilitate learning and implementation of necessary system changes following the receipt of feedback.
- New processes were in place to address critical complaints, where patient harm had been recognised, and facilitate earlier identification of risk and progression to adverse event reviews as and where necessary. Complaints were previously categorised without guidance by Patient Relation Officers. New processes were developed and provided a specific criterion to identify the stage of the complaint, adopting significant adverse event (SAE) language used throughout the organisation.
- Committee members were assured that there were child friendly complaints processes and preparedness across the organisation.
- Following concern raised over staff wellbeing of the team, assurance was provided that regular check ins with the team were undertaken, and protocols and policies were being strengthened to support staff wellbeing. A business case was being developed to take to the Strategic Prioritisation Review and Implementation Group (SPRIG) to propose an increase of workforce and resilience within the team.
- Complaints regarding discharge medications remained a predominant theme, commonly associated with Prison Health, however it was noted that 88% of complaints were not upheld. Committee members were advised that challenges with providing discharge medicines were due to planning of discharge within the acute site, and it was noted that work was required to address such concerns. It was suggested that the Volunteer Framework could encompass supporting patients with their discharge journey. Ms Laura Byrne to liaise with Mrs Eilidh Gallagher and Mr David Watson to discuss.
- Assurance was provided that a Chief Nurse for Practice Development had been appointed and would be undertaking a training needs analysis to identify areas of focus, and would be supporting further training for healthcare support workers regarding patient personal care.
- It was agreed that percentages would be incorporated into the Key Performance Indicator data to provide further context.
- Concerns were raised regarding the continued predominance of staff attitude and behaviour themed complaints. To provide further clarity, it was agreed that the wording would be reviewed to reflect the proactive and reactive work undertaken to address such issues.
- Committee members were informed of the challenge experienced with investigation timelines due to the limited electronic case records available, resulting in delays whilst multiple staff reviewed a physical file.

The Clinical Governance Committee:

- **recognised the organisational risk attached to the current position.**
- **noted the challenges in demand and capacity within the service, and the steps taken to improve performance within the current budget.**

- **noted the action and mitigation plans, and support implementation as necessary.**
- **noted the recent changes in relation to child friendly complaints.**
- **approved the annual report.**

Actions:

- Discuss volunteers supporting patient's discharge journey to mitigate issues experienced with discharge medications.
- Incorporate percentages into Key Performance Indicator data to provide further context.
- Review and amend wording to reflect the proactive and reactive work undertaken to address staff attitude and behaviours complaints.

7. In Our Services, Is Care Safe Today?

7.1.1 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The purpose of the paper was to update on aspects of escalation that were relevant within Clinical Governance Committee's responsibility for governance.

Key points considered:

- A brief overview of the background of NHS Forth Valley's escalation was provided, noting the Assurance and Improvement Plan work, where the agreed focus for delivery was on culture, leadership, performance and actions identified as 'in progress'.
- The below improvements were noted:
    - A whistleblowing network had been established to ensure opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening processes, communication, investigation, and organisational learning from whistleblowing investigations.
    - Committee members were advised that there was evidence that the Senior Leadership Team (SLT) was operating as a cohesive, inclusive team where 'checkouts' gave reference to respectful behaviours and agreement that SLT values were being demonstrated.
    - During a Healthcare Improvement Scotland (HIS) follow-up inspection in January 2024, HIS were assured that significant progress had been made by NHS Forth Valley in all areas highlighted during previous inspections.
    - A shift in the way NHS Forth Valley and SLT operate was noted, where there was a focus on whole system and collaborative ways of working to support the health and care system.
    - Executives and Senior Managers participated in 'Step in my Shoes', enabling departments and teams to welcome senior staff to their area and share observations working within NHS Forth Valley.
    - Over 150 colleagues attended the Nursing, Midwifery and Allied Health Professional (NMAHP) event, taking part in three facilitated Solution Validation & Prioritisation workshops.
- A reasonable level of assurance was proposed due to the continued progress demonstrated in the Out of Hours service, and Safe Delivery of Care which had become business as usual.
- Following discussion, assurance was provided that work was being undertaken to ensure that learning would be captured through adverse events and whistleblowing.

The Clinical Governance Committee:

- ***noted the background to escalation.***
- ***noted the Out of Hours Update.***
- ***accepted that a reasonable level of assurance could be provided to the NHS Forth Valley Board.***

7.1.2 GP Out of Hours Update

The Clinical Governance Committee received the 'GP Out of Hours Update' paper.

The purpose of the paper was to provide an update on the progress of the service. Provide assurance on work being undertaken as part of the Out of Hours (OOH) Improvement Plan, and wider strategic planning work integrating OOHs services.

Key points considered:

- The service continued to demonstrate stability, resilience and flexibility to meet the care needs of a significant number of patients and achieve a high percentage of rota fill with 89% in June and July.
- Committee members were advised that the service was operating with full staff following the recruitment and retention of experienced GPs to a salaried role, providing the service with further resilience. Reliance on sessional work had reduced due to the 90% rota fill.
- NHS Forth Valley's partnership with the Scottish Ambulance Service had been fully implemented facilitating OOH home visits.
- Committee members were assured that the follow-up visit in March 2024, undertaken by Sir Lewis Ritchie, had resulted in a formal notification to move from monthly to quarterly reporting.
- It was proposed that the data presented in appendix 1 could be broken down into Scottish Index of Multiple Deprivation (SIMD) levels to provide a detailed picture of those attending the service.
- Further suggestions were made regarding the case breakdown of those attending OOH service, where it was proposed that cases could be analysed to understand the themes of visits to strategize advice given and potentially redirect patients to pharmacies for support.

The Clinical Governance Committee:

- ***noted the current position, challenges of the service, and work being progressed.***

Item 13.4 was taken at this point in the agenda.

13.4 FTF Internal Audit Departmental Review of Out of Hours

The Clinical Governance Committee received the 'FTF Internal Audit Departmental Review of Out of Hours' report.

Key points considered:

- The audit identified progress within the Out of Hours (OOH) Service.
- Committee members were advised that work was ongoing to focus on whole system processes and meet the recommendations.
- An OOH update would be provided at the 26 November 2024 NHS Forth Valley Board meeting to close the loop on concerns raised in relation to governance arrangements.
- Reassurance was provided that there was no concern with sustaining GPs within the service, noting that the OOH service was an attractive area of work.
- Further reassurance was provided that the actions identified by Internal Audit had been addressed by the organisation.
- Committee members were advised that there had been a lapse in controls due to there being no Corporate Risk Manager for a period of time. Assurance was provided that all controls had been reviewed and a key process was in place.
- Concern was raised over the intentions to merge a wider OOH budget, and whether the service was working within budget. Colleagues were assured that the service was operating within the GP OOH budget however, the night community nursing was operating above budget due to using bank staff to provide a safe staffing level. However, assurance was provided that work was ongoing to rectify such overspend concerns.

7.2 Emerging Clinical Issues

The Clinical Governance Committee received the 'Emerging Clinical Issues' paper.

The purpose of the update was to provide committee members with an overview of emerging clinical issues.

Key points considered:

- Committee members were informed of the agreed change to Patient Safety Conversation Visits (PSCV), where follow-up reviews would cease, and an alternative mechanism would be developed to monitor review of actions identified. In addition, Non-Executive and Executive Board Members would be asked to commit to more PSCVs to allow for the expansion of initial visits undertaken.
- In relation to SAER 00103 reassurance was provided that immediate actions were initiated post incident and key learning had already taken place.
- Recognition of the work undertaken by MHLD management team was noted following their efforts to provide pastoral support and involve trade unions following SAER 00103.
- Following discussion, it was noted that SAER 00103 had not been subject of a fatal accident inquiry however it was anticipated. Committee members were assured that there was strong evidence of organisational learning from the SAER and action plan following SAER 00103.
- In relation to the Endoscopy issue, committee members were advised that a Significant Adverse Event Review (SAER) was not considered to be the most appropriate type of review in relation to the clinical issue. A robust clinical review was undertaken and the learning was taken forward within the Endoscopy service and was shared widely with other relevant services, where appropriate.
- Healthcare Improvement Scotland (HIS) indicated that they intended to undertake a Safe Delivery of Care planned inspection to all Maternity units across Scotland, commencing in January 2025. Assurance was provided that NHS Forth Valley included maternity services within the learning from the Forth Valley Royal Hospital Safe Delivery of Care inspections where learning was shared across the organisation. Maternity services continued to engage with HIS to ensure care systems were robust.
- Following discussion, it was agreed that further consideration would be made in relation to providing in-depth assurance of organisational learning achieved following emerging clinical issues, and the nature of issues raised within future reports.

The Clinical Governance Committee:

- ***noted the update on emerging clinical issues.***

Action: Discuss how future reporting of emerging clinical issues to the Clinical Governance Committee would be presented.

8. In Our Services, Was Care Safe in the Past?

8.1 Acute Safety and Assurance Report

The Clinical Governance Committee received the 'Acute Safety and Assurance Report'.

The purpose of the report was to support discussion, provide assurance of robust clinical governance within the Acute Services Department (ASD) and appropriate scrutiny at the Clinical Governance Working Group (CGWG) for the Clinical Governance Committee.

Key points considered:

- Hospital Standardised Mortality Rate (HSMR) remained at 0.89, with a fifth consecutive quarter below 1.
- Cardiac Arrest rate was 1.01 per 1,000 admissions which was an improved position from the previous reporting of 1.99 from March to April 2024. The Scottish Patient Safety Programme

workstream to reduce the incidence of adult in-hospital cardiac arrest (IHCA) was relaunched in 2020, where key themes were identified and taken forward.

- In 2023 the Resuscitation Service provided resuscitation training places for 2,000 staff across NHS Forth Valley which saw improved attendance of 82%, achieving almost 1 in 4 clinical staff trained. Work was being undertaken to understand the risk associated and identify who to train with the limited resource available. Similar training for Clinical Support Workers to advance their ability to respond to deterioration was being considered.
- It was identified that there was not a robust method of assuring the recognition and response to deterioration, therefore work was undertaken to develop a clinical observation policy following the implementation of the e-observations.
- Overall Stroke Bundle compliance had increased to 47% in May 2024, from 38% in April 2024. An improved position in swallow screening was noted, with an increase from 45% in April 2024 to 74% in May 2024. Assurance was provided that work was being undertaken to identify why compliance had significantly increased.
- Hospital Acquired Pressure Ulcers (HAPU) rate had decreased to 0.8 per 1,000 occupied bed days for Grades 2-4 reportable HAPU from the previous reported month of 2.2. For the Acute Directorate within Forth Valley Royal Hospital, the HAPU had decreased from the previous month of 1.44 per 1,000 occupied bed days for Grades 2-4 to 1.10.
- The Falls with Harms rate in June 2024 was 11.2 per 1,000 occupied bed days which saw a rise from 9.44 in May 2024. Assurance was provided that SAERs that occurred within the previous 24 hours were discussed at patient safety huddles.
- Assurance was provided that action plans devised within the Annual Safety Report were captured within the triumvirate clinical governance processes.
- Concern was raised over the 14% of in-hospital cardiac arrest patients who received CPR despite having a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), and the limited actions in place for clinicians to explore and learn from potential missed opportunities. Committee members were informed of the nuances noted during live events debriefs however were assured that learning was gained from such SAERs. Further assurance was provided that NHS Forth Valley was piloting national Treatment Escalation Plans (TEPS) and progress would be reported at a future committee meeting.
- It was agreed that a separate update on CPR training would be provided at a future committee meeting.
- Colleagues were advised that the conversations within ward huddles would vary in depth and quality and could not be easily measured, however, assurance work was being undertaken to improve the quality of patient safety huddle conversations.
- Following discussion, it was noted that Dr Julie Mardon was developing deteriorating patient scenarios to be utilised within the Simulation Centre to facilitate clinical staffs learning in real-time.
- Challenges experienced with access to the stroke unit were noted however assurance was provided that a contingency plan was in place to mitigate delays in treatment when the thrombolysis bed was being utilised.
- Reassurance was provided that dedicated time in workplans had been secured for Allied Health Professionals (AHPs) to ensure focus on safer mobility and falls.

The Clinical Governance Committee:

- ***noted the current position, challenges, and quality improvements being made in relation to the specific Scottish Patient Safety Program (SPSP) measures and compliance with national targets.***

Action: Provide a separate update on CPR training at a future committee meeting.

Item 8.3 was taken at this point in the agenda.

8.3 SPSP Mental Health Update

The Clinical Committee received the ‘SPSP Mental Health Update’ paper.

Key points considered:

- The Scottish Patient Safety Programme (SPSP) Mental Health Collaborative aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. The three priorities highlighted by SPSP were noted as improving observation practice, reducing episodes of and harm from restraint, and reducing incidents of seclusion.
- The Mental Health ward 1 applied to be part of the SPSP Mental Health Collaborative focusing on Improving Observation Practice (IOP) and successfully implemented a Broset Violence Indicator within the Intensive Psychiatric Care Unit, where every patient had the rated scale completed on each shift. The Therapeutic Engagement Policy was being reviewed and the Clinical Pause Process was being aligned to facilitate plans to use such methods in other inpatients areas in 2024.
- Following implementation of the Broset Indicator in ward 1, a reduction in administration of intramuscular medication had been evidenced.
- IOP hourly rounds were in place across all mental health inpatient areas, aiming to proactively identify and respond to the psychiatrically deteriorating patient by using a traffic light system.
- A mandatory Turas module and assessment for IOP was developed, and provided all MHLD staff with access to resources.
- IOP Champions were identified in all inpatient areas and supported senior nursing staff in awareness raising and audit/ improvement.
- Restraint data was being collated within the adult unit where it was advised that the occurrence of restraints had generally decreased however it was noted that an individual challenging patient contributed to spikes in data.
- Following a SAER, it was highlighted that a seclusion policy was required within NHS Forth Valley. Reassurance was provided that the team were in the advanced stages of a developing a seclusion policy to help the organisation define seclusion, enable measurement and adjust performance.
- Senior review within 48 hours of intramuscular medication admission was established and continued to be met across the mental health units.
- Focused work on Immediate Discharge Letters (IDLs) led to a sustained improvement in working towards a target of IDL completion within 48 hours of discharge. Committee members were informed that there were no outstanding IDLs by the end of 2023, and the number of IDLs taking greater than 7 days to authorise remained low.
- Follow-up within 7 days of discharge from mental health areas continued to remain at 100% compliance.
- Committee members recognised the significant work undertaken to improve the completion of IDLs.
- Committee members were advised that the main challenges experienced by the service were:
    - Maintaining safe staffing levels.
    - Increase in demand on the service.
    - Increase in violence and aggression.

The Clinical Governance Committee:

- ***noted the quality improvement activities being undertaken within the Mental Health service in NHS Forth Valley.***

8.2 Whole System Assurance Report

The Clinical Governance Committee received the 'Whole System Assurance Report.'

The purpose of the paper was to provide assurance that the Clinical Governance processes within each of the Directorates were working as intended.

Key points considered:

- Assurance from reporting templates was provided from all key areas, with the exception of Clackmannanshire & Stirling HSCP and MHLD. Assurance was provided that teams were

advised of the importance of providing such reports, and no areas of concern were identified within the directorates.

- The reporting template was amended to align with the Vincent framework with a section specific to clinical governance risk and mitigations. An additional section had been added to request information on how learning was shared.
- Committee members were informed that Ms Laura Byrne had agreed to Chair the Clinical Policy & Guidelines Governance Group (CP&GGG) as the previous Chair had retired. Challenges around clinical guidelines and policies including out of date documents and alignment of national work would be discussed within the CP&GGG.
- Committee members were advised that going forward, the Falkirk HSCP would incorporate Prison Healthcare and Primary Care within their report, following the transition of those services to Falkirk HSCP clinical governance structures.
- Following discussion, it was agreed that the Whole System Assurance Report would be updated to reflect specific topics related to assurance within each directorate.

The Clinical Governance Committee:

- ***noted the agenda items discussed and presented at the Directorate Clinical Governance meetings.***
- ***noted the data sources.***

Action: Update future Whole System Assurance Reports to reflect specific topics related to assurance within each directorate.

8.4 Healthcare Associated Infection (HAI) Quarterly Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Quarterly Report'.

The purpose of the report was to provide oversight of the HAI targets SABs, CDIs, DABs, incidents and outbreaks and all other HAI activities across NHS Forth Valley.

Key issues considered:

- Following consideration from the National Surveillance Group, it was agreed that wider input would be utilised to review the AOP targets, and therefore wouldn't be developed until the end of 2025.
- Total SABs, DABs, CDIs and ECBs reported cases remained within controlled limits.
- Within the reported quarter of April to June 2024, there were:
    - 4 hospital acquired SABs.
    - 3 hospital acquired DABs.
    - 5 hospital acquired CDIs.
    - 14 hospital acquired ECBs.
    - No MRSA or *C.difficile* recorded deaths.
    - 2 surgical site infections. Intensive inquiries on Caesarean Section surgeries were being undertaken, and assurance was provided that committee members would be informed of the outcome.
    - 5 outbreaks (2 norovirus, 2 Covid-19 & 1 Enterobacter hormaechei). Assurance was provided that the Enterobacter hormaechei outbreak within the Neonatal unit was not of concern to the organisation following notification to Health Protection Scotland and the Scottish Government.
- It was advised that the Estates cleaning compliance score for Bo'ness Community Hospital was incorrectly entered and should have been within the green category, achieving above 90% compliance.
- Ward visit programme non-compliances had increased however reassurance was provided that non-compliances were highlighted to the charge nurse at the time of audit, and cleanliness issues with equipment were rectified immediately.

- Caution was raised on the Scottish Hospital Public Inquiry and its reference to water safety. Reassurance was provided that there was an NHS Forth Valley Water Safety Group who met on a quarterly basis and aligned with national protocols. Committee members were advised that an on-site survey on outlet flushing sinks was being undertaken to understand the processes in place and potential associated risks.

The Clinical Governance Committee:

- ***noted the HAI Executive Summary.***
- ***noted the performance in respect of the Annual Operational Plan (AOP) Standards for Staph aureus bacteraemias (SABs), device associated bacteraemias (DABs), Clostridioides difficile infections (CDIs) and Escherichia coli Bacteraemia (ECBs).***
- ***noted the detailed activity in support of the prevention and control of Healthcare Associated Infection.***

8.5 Cancer Update

Item deferred to 12 November 2024 Clinical Governance Committee meeting.

9. In Our Services, Will Care Be Safe in the Future?

9.1 Public Health Update

The Clinical Governance Committee received the 'Public Health Update'.

The purpose of the paper was to provide assurance on actions relating to Child Poverty.

Key points considered:

- Committee noted the deep dive on Child Poverty provided as appendix 1 to the report.
- Best Start, Bright Futures, the Scottish Government's Tackling Child Poverty Delivery Plan for the period 2022-26 set out the Scottish Government's national ambition to tackle child poverty. The targets were for:
    - Fewer than 18% of children living in families in relative poverty in 2023-24, reducing to fewer than 10% by 2030.
    - Fewer than 14% of children living in families in absolute poverty in 2023-24, reducing to fewer than 5% by 2030.
- Reasonable assurance was provided on the basis of there being considerable local work being undertaken to address Child Poverty.
- National programmes such as the Scottish Child Payment, Best Start Grants and approaches to employability through the Scottish Government's 'No One Left Behind' strategy would enhance commitment to tackle poverty in 2024/25.
- The direct drivers of poverty were noted:
    - Income from employment
    - Costs of living
    - Income from social security
- 70% of children in poverty in Scotland were in a household where someone worked, noting a significant change in comparison to previous years.
- All local community planning partnerships were focusing on tackling child poverty, where the below updates were provided:
    - Clackmannanshire Alliance drove tackling poverty efforts through the Community Planning Tackling Poverty Partnership.
    - Falkirk Community Planning Partnership action was driven by the Child Poverty Action Group which had transitioned into a Fairer Falkirk Working Group would take action to address child and adult poverty.
    - Stirling Council continued to progress child poverty actions through in-house policy officer planning.

- Whilst it was recognised that there was a requirement for Scottish Government to enhance the resource provided to better ensure achievement of the child poverty targets by 2030, it was noted that local measures could be taken to improve existing local child poverty levels.
- Following discussion, it was agreed that an annual report would be brought back to a future committee meeting, and discussions would be undertaken to identify NHS Forth Boards role in child poverty efforts.
- Concern was raised over the communication with Stirling Council and their efforts toward whole system working.
- Assurance was provided that children presenting as malnourished to all NHS Forth Valley services would be reported as a child protection concern.
- Committee members were informed of the integral role of third party sectors with child poverty efforts, noting the robust relationships with the public sectors.
- Following discussion, reassurance was provided that NHS Forth Valley's Speech & Language Therapy service worked within nurseries and schools to provide early intervention to children and their families. However, it was acknowledged that additional work was required to provide support to families in poverty and facilitate access to services.

The Clinical Governance Committee:

- ***noted the current levels of child poverty nationally and locally.***
- ***noted the approaches locally to tackle the current poverty levels.***
- ***noted the suggested new approaches to enhance current child poverty community planning action.***

Actions:

- Schedule a Child Poverty Annual Report on committee planner.
- The Interim Chair of NHS Forth Valley and Acting Director of Public Health to discuss the Board's role in child poverty efforts.

Item 9.3 was taken at this point in the agenda.

9.3 SRR004 Scheduled Care Focused Review

The Clinical Governance Committee received the 'SRR004 Scheduled Care Focused Review' paper.

The purpose of the paper was to provide assurance in support of the committee's role in maintaining an overview of the strategic risks aligned to the Clinical Governance Committee, specifically SRR004 Scheduled Care.

Key points considered:

- Committee members were informed that whilst Scheduled Care was performing well compared to the national position, hotspots areas remained within the service, specifically associated with consultant job plans within the Acute and Ambulatory & Diagnostics departments.
- There were no noted changes to the risk description or scoring of SRR004. However, upon reflection, it was felt that the score did not reflect the impact that an inability to deliver Schedule Care had on the Unscheduled Care position. Therefore, such detail was included and consequentially changed the lead impact category for SRR004.
- From the 7 current controls in place:
    - 6 current controls were assessed as 'mostly effective' or 'fully effective' however a gap analysis was conducted, and it was indicated that the actions were within an amber position.
    - The majority of current and further controls were assessed as 'absolutely critical' or 'very important' which indicated little wasted effort/ resource in applying incorrect controls.
- Reasonable assurance was provided due to the Schedule Care position for NHS Forth Valley Board remaining one of the best in Scotland, and work continued within the service to ensure that the position was maintained.

The Clinical Governance Committee:

- ***noted the changes to the position of SRR004 (Scheduled Care).***
- ***endorsed the evaluation of the assurance provided for SRR004.***

9.2 Risk Management Update

The Clinical Governance Committee received the paper 'Strategic Risk Register- Update to Clinical Governance Risks'.

The purpose of the paper was to provide assurance in support of the committee's role in maintaining an overview of the strategic risks aligned to the Clinical Governance Committee and agreeing appropriate escalation to the Board.

Key points considered:

- The three risks aligned to the Clinical Governance Committee were reviewed and it was noted that there was no change to the scoring of the Strategic Risk Profile.
- There was change in the risk appetite profile for the NHS Forth Valley Board, primarily due to an increase in the number of risks out with the Board's appetite and tolerance. Strategic risks out with the Board's tolerance had increased from 54% to 64%.
- There were 26 controls mitigating the strategic risks. Within the reported period:
    - 11 actions identified.
    - 5 actions were noted as overdue. However, assurance was provided that these were in relation to the Urgent & Unscheduled Care Risks and were accounted for within the updated SRR004 focused review.
- Limited assurance was provided in relation to SRR002 (Urgent & Unscheduled Care) due the requirement for a sustained level of reduced contingency beds throughout the winter period.
- Following the review of the Healthcare Strategy Strategic Risk, it was felt that the risk did not clearly articulate what the strategic issue would be for NHS Forth Valley. Therefore, as an action following the Focused Review, the Corporate Risk Manager developed a Health Inequalities Risk with the Interim Director of Public Health to articulate the risk around improving our population health outcomes.
- Clarity was provided on control 6 in relation to SRR002, where it was noted that the Firebreak conducted was given a Red RAG status. Assurance was provided that despite the exercise not transforming the Urgent & Unscheduled Care performance as intended, diagnostic learning was achieved to inform further mitigation work on Urgent & Unscheduled Care. Colleagues were advised that to avoid confusion (as it was a historic action that was no longer being progressed) the control would be removed from the Strategic Risk Register at the next Focused Review for the SRR002, as it would have been reported upon for a full year.
- Committee members agreed that further internal controls addressing population health inequalities were required, and welcomed the establishment of a Population Health Committee to facilitate initial work prior to incorporating it into mainstream work.
- Following discussion, it was advised that the Health Inequalities Risk would be presented to the Audit & Risk Committee prior to the 26 November 2024 NHS Forth Valley Board. Committee members were to liaise with Dr Jennifer Champion and Miss Vicky Webb if they had comments on the principles regarding the new risk.

The Clinical Governance Committee:

- ***noted the assurance provided regarding the effective management and escalation of risks aligned to the Clinical Governance Committee:***
    - ***SRR002- Urgent & Unscheduled Care***
    - ***SRR004- Scheduled Care***
    - ***SRR016- Out of Hours***
- ***endorsed the Clinical Governance Strategic Risks for the period July to September 2024 for onward reporting to the NHS Forth Valley Board.***
- ***endorsed the addition of SRR020 (Health Inequalities) to be added to the Strategic Risk Register, for final approval at the NHS Forth Valley Board.***

Action:

- Committee members to liaise directly with Dr Jennifer Champion and Miss Vicky Webb with comments on the principles regarding the new Population Health Inequalities risk.

10. Is Our Care Person Centred?

10.1 Complaints and Feedback Performance Report

Item incorporated into Item 6.1.

10.2 Person Centre Care Report

Item incorporated into Item 6.1.

11. Are We Learning and Improving?

11.1 Significant Adverse Event Report

The Clinical Governance Committee received the 'Significant Adverse Event Report'.

The purpose of the report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key points considered:

- The below updates were provided on the SAERs commissioned from 2022 to 2024:
    - From 2022, of the 2 remaining SAERs:
        - 1 was noted as complete.
        - 1 draft report was with an external expert.
    - From 2023, of the 28 SAERs:
        - 11 were noted as completed.
        - 4 within the final stage.
        - 11 were in progress.
        - 2 were within the initial stage.
    - From 2024, of the 10 SAERs:
        - 1 was within the final stage.
        - 4 were in progress.
        - 5 were within the initial stage.
- Committee members were informed of the challenge previously experienced with staff engagement of SAER training. Assurance was provided that following Prof Frances Dodds efforts to encourage clinical staff to attend SAER education sessions, there was a sufficient number of trained staff to lead the SAE commissioned reviews.
- Following the completion of each review, a learning summary would be produced and progressed through local clinical governance processes and presented at the Clinical Governance Working Group. Learning summaries would then be shared both locally, and nationally through the Significant Adverse Event community of practice.
- Limited assurance was provided due to challenges experienced with the capacity of the team and lead reviewers to undertake SAERs. In addition to an increase in SAERs being commissioned, and changes to the perinatal review process resulting in an impact on the number if SAER numbers being commissioned.
- Assurance was provided that the Clinical Governance Working Group had oversight of the SAER learning summaries, and early learning was undertaken prior to SAERs being commissioned.
- Following discussion, it was agreed that further detail on the timescales and progress of SAERs would be incorporated into future reports, whilst ensuring identifiable data was not provided.

The Clinical Governance Committee:

- ***noted NHS Forth Valley's position on current Significant Adverse Event Reviews (SAERs) with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.***

Action: Provide further detail on the timescales and progress of SAERs in future reports.

11.2 MBRRACE Update

The Clinical Governance Committee received the 'Mothers and Babies Reducing Risk through Audit and Confidential Enquiry Perinatal (MBRRACE-UK) Report 2022'.

The purpose of the report was to provide an overview of the indicated stabilised and adjusted stillbirth, neonatal mortality, and extended perinatal mortality rates in NHS Forth Valley 2022.

Key points considered:

- A downward trajectory in both stillbirths and neonatal deaths in NHS Forth Valley was noted as 3.8 in 2022 in comparison to 4.5 in 2021.
- In anticipation of the publication of the most recent MBRRACE report, a Short Life Working Group (SLWG) had been established and each case in 2022 was confirmed to have been thoroughly investigated through the Perinatal Mortality Reporting Tool (PMRT) and local reviewing process, as per MBRRACE recommendation.
- Of the 16 occurrences reviewed, 4 were commissioned for SAERs, of which 2 were awaiting a final outcome.
- No recurring themes were identified with causative factors in stillbirths and neonatal deaths.
- Incidental findings highlighted that:
    - NHS Forth Valley was not complaint with national Gestational Diabetes guidance, reviewing capacity challenges using current workforce models in attempt to lower BMI cut off to national standard. It was noted that there would be potential financial implications if NHS Forth Valley expanded current Gestational Diabetes screening programme to offer to those women with a BMI of 30-35, which was projected to incur an additional 40 appointments per month.
    - Targeted work was required around smoking in pregnancy screening. A quality improvement project was launched in collaboration with Smoking Cessation and Community Midwifery teams and leads. Work was in progress to interrogate smoking in pregnancy data and any potential link with local perinatal mortality rates in anticipation of the MBRRACE 2023 report.
- Recognition was given to the Women & Children's Directorate for their proactive work in preparation for the MBRRACE 2023 report.
- Assurance was provided that stillbirth and neonatal data in NHS Forth Valley was comparable with health boards of a similar population size.

The Clinical Governance Committee:

- ***noted the recommendations and actions taken.***

12. Are Our Systems Reliable?

12.1 Medical Education Annual Report

Item deferred to 12 November 2024 Clinical Governance Committee meeting.

12.2 Internal Audit Outstanding Actions

The Clinical Governance Committee received the 'Internal Audit Outstanding Actions' paper.

The purpose of the report was to provide an overview on the NHS Forth Valley Internal Audit Control Evaluation 2023/24, Report No. A08/24 and the Internal Audit Report 2023/24, Report No. A06/25.

Key points considered:

- Reassurance was provided that there were no outstanding internal audit actions for the Clinical Governance Committee.
- The below updates were provided on the action point references in Report A08/24:
    - Ref 4: Clinical Governance Committee Assurance (Completed March 2024).
    - Ref 5: Clinical & Care Assurance (Completed July 2024).
    - Ref 6: SAER Reporting (Completed July 2024).
    - Ref 7: Safety & Assurance Report (Completed July 2024).
    - Ref 8: Patient Experience (Completed March 2024).
- The below updates were provided on the action point references in Report A06/25:
    - Ref 2: Quality Strategy Reporting (Date of expected completion June 2025).
    - Ref 3: Clinical Policy Guidelines (Date of expected completion December 2024).
    - Ref 4: Assurance levels reported to the Clinical Governance Committee related to the Complaints & Feedback Performance Report (Completed August 2024).

The Clinical Governance Committee:

- ***noted the action points specifically related to clinical governance.***

13. For Noting

13.1 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups.

13.1.1 Clinical Governance Working Group Minute 130624
13.1.2 NHS Forth Valley Infection Control Committee Minute 240624

13.2 The Clinical Governance Committee **noted** the below Standards and Reviews Reports.

13.2.1 April 2024
13.2.2 May 2024

13.3 The Clinical Governance Committee **noted** the below Scottish National Audit Programme.

13.3.1 Scottish Stroke Care Audit

12. Any Other Competent Business

The Chair led the Committee in paying tribute to Mrs Lynda Bennie for her contributions to the Clinical Governance Committee undertaking the role of Head of Clinical Governance over the last five years, and wished her well for her retirement.

There being no other competent business the Chair closed the meeting.

13. Date of Next Meeting

Tuesday 12 November 2024 at 9:00am, in the Boardroom, Carseview House.

Minute of the Performance & Resources Committee meeting held on Tuesday 29 October 2024 at 9am, Boardroom Carseview House/MS Teams

Present:	Mrs Kirstin Cassells Mr Robert Clark Cllr Fiona Collie Mr Martin Fairbairn (Chair)	
In Attendance:	Miss Jennifer Brisbane (Minute) Mrs Elsbeth Campbell Prof Frances Dodd Mrs Morag Farquhar Mr Garry Fraser Mrs Janette Fraser Mr Jack Frawley Ms Claire Giddings Ms Laura Henderson Mr Scott Jaffray	Mr Gordon Johnston Miss Jackie McEwan Mr Ross McGuffie Ms Kerry Mackenzie Mrs Neena Mahal Mr Andrew Murray Mr Kevin Reith Mr Scott Urquhart Miss Vicky Webb Ms Gail Woodcock

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1. Apologies for Absence/ Confirmation of Quorum

There were no apologies noted. The Chair confirmed the meeting was quorate.

2. Declaration of Interest

There were no declarations of interest.

3. Minute of Performance & Resources Committee meeting held on 27 August 2024

The minute of the meeting held on 27 August 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

The Performance & Resources Committee reviewed the action log and noted all actions that were complete or in progress. Committee members were advised that the Draft Healthcare Strategy would be taken through a new governance route therefore Action 63 was noted as complete.

Committee members were provided with an update on the Synnovis System cyber security incident, where it was noted that Synnovis advised that the ongoing investigation remained complex as they continued to determine which individuals were impacted by the incident. Assurance was provided that Synnovis had not contacted an NHS Scotland Board to confirm that data subjects were impacted by the incident, however they remained committed to updating services users. The Committee agreed that an update should be provided only if there were any further developments.

5. Performance & Resources Committee Planner

The Performance & Resources Committee noted the Performance & Resources Committee Planner.

Following discussion, it was agreed that due to NHS Forth Valley being moved to stage 3 on the Support and Intervention Framework, escalation updates would be removed from the committee planner. Committee members were assured that updates would be provided to the NHS Forth Valley Board. Concern was raised over the monitoring of escalation actions allocated to the committee therefore it was agreed that a Performance & Resources Committee workplan would be developed to provide oversight of such actions to the NHS Forth Valley Board.

The Performance & Resources Committee:

- agreed that all items noted within the committee planner remained appropriate subject to the below amendments:
    - Removal of Escalation Update.

Actions:

- Review the committee workplan to ensure it provides oversight of the Assurance and Improvement Plan action themes aligned to the Performance & Resources Committee.
- Create a Performance & Resources Committee workplan to provide oversight of such actions to the NHS Forth Valley Board

6. For Approval

6.1 Strategic Risk Register Update

The Performance & Resources Committee received the 'Strategic Risk Register' paper presented by Vicky Webb, Corporate Risk Manager.

The purpose of the report was to provide assurance in support of the Performance & Resources Committee's role in maintaining an overview of the Strategic Risks aligned to the committee and agree appropriate escalation to NHS Forth Valley Board.

Key points considered:

- The following updates were provided:
    - Since the last reporting period, the risks remained static, and no actions had been completed therefore resulting in 14 complete actions within the last 12 months.
    - A focused review was completed for strategic risk SRR010 (Estates & Supporting Infrastructure). Assurance was provided that further detail would be outlined within Item 9.3.
- Since the last reporting period, there were 29 actions identified across the strategic risks to further mitigate the risk profile:
    - An action related to SRR003 (Information Governance) was noted as overdue.
    - 6 further controls were due within the next quarter.
- The wider Strategic Risk Profile had increased due to the new proposed risk related to Health Inequalities which was presented to the Clinical Governance Committee for initial review. However, it was noted that approval from the NHS Forth Valley Board was required.
- The NHS Forth Valley Board's appetite profile of strategic risks had changed with:
    - an increase from 54% to 64% of risks outwith the NHS Forth Valley Board's tolerance.
    - a decrease from 23% to 14% of risks within the NHS Forth Valley Board's appetite.

- Following discussion, it was agreed that in reporting going forward, overdue actions would be detailed, with revised due dates and rationale for this.
- Committee members were reassured that audits had been completed and the Information Governance Department were in a positive position despite experiencing sickness absence within the team. It was advised that a focused review on SRR003 was scheduled for the 25 February 2025 Performance & Resources Committee, however the committee would be made aware of significant risks if they arose prior to the meeting.

The Performance & Resources Committee:

- **considered the assurance provided in relation to the effective management and escalation of risks aligned to the Performance & Resources Committee.**
- **endorsed the Performance & Resources Committee Strategic Risks for the period September to October 2024 for onward reporting to the Audit & Risk Committee and NHS Forth Valley Board.**

7. Better Governance

7.1 Internal Audit Actions Follow Up

The Performance & Resources Committee received the 'Internal Audit Actions Follow Up' Paper presented by Kerry Mackenzie, Acting Director of Strategic Planning and Performance.

The purpose of the paper was to provide the Performance & Resources Committee with oversight of the audit actions aligned to the remit of the committee.

Key points considered:

- Assurance was provided that the format of the report had been amended to reduce repetition, following discussion at a previous meeting.
- Of the 11 audit actions aligned to the Performance & Resources Committee, there were:
    - 5 actions were assigned and within their expected completion date:
    - 3 actions had a status of 'check progress' with completion dates of December 2025. All were noted to be on track for completion within the agreed timescale.
    - 3 actions overdue on 21 October 2024:
        - Cyber Resilience Ref 4 (in progress).
        - Environmental Strategy Recommendation 1b (resource issues).
        - Environmental Strategy Recommendation 1c (discussion required with internal audit regarding the status of the action).
- Committee members were assured that discussions would be undertaken with internal audit colleagues around the overdue Environmental Strategy Recommendation's 1b and 1c actions.
- It was agreed that any revised due dates would be highlighted in future Internal Audit Actions Follow Up reports. Further reassurance was provided that all audit actions were overseen by the Audit & Risk Committee and Senior Leadership Team.

The Performance & Resources Committee:

- **noted the status of the current audit follow up actions aligned to the Performance & Resources Committee.**
- **noted the overdue actions and the progress update provided.**
- **endorsed the proposed level of assurance.**

Action:

- Include revised completion dates of overdue actions in future Internal Audit Action Follow Up reports.

8. Better Care

8.1 Urgent & Unscheduled Care Update

The Performance & Resources Committee received the 'Urgent & Unscheduled Care Update' report presented by Garry Fraser, Director of Acute Services.

The purpose of the report was to highlight whole system working undertaken to meet the obligations of the NHS Forth Valley Board to improve patient experience and reduce the number of people in hospital ready to be discharged home or to a community setting.

Key points considered:

- The Urgent & Unscheduled Care (UUSC) Plan outlined an aim to achieve and sustain 57% compliance against the 4-hour Emergency Department (ED) standard by the end of September 2024. Despite improvements with system flow, it was noted that the 4-hour performance had not increased highlighting issues with the department's interactions and operations. Work was being undertaken to focus on the staff and teams to deliver working practices and create a positive culture supporting performance delivery.
- As of 1 December 2024, activity data in relation to minor injuries and planned attendances at ED would be included in the overall activity and would inform the compliance against target position. This data would be reported nationally and would ensure greater consistency in reporting of performance across NHS Scotland. This would have a positive impact on NHS Forth Valley compliance against the standard.
- Clarity was provided on the cultural work being undertaken, where it was noted that meetings with Associate Medical Directors and UUSC leadership were ongoing as part of management discussions to review daily reports and to identify barriers for teams.
- Following discussion, it was noted that work was required to strengthen governance and incorporate culture into reports to review and monitor progress within UUSC.
- It was agreed that the waterfall diagram detailing the timeline would be reviewed and updated to reflect revised timescales, especially in relation to the impact of culture work.

The Performance & Resources Committee received a presentation led by Gail Woodcock, Chief Officer, Falkirk HSCP on the activity and progress made with Delayed Discharges (DD). The below key points were considered:

- Pressure points were noted within the Adults without Capacity (AWI) however it was noted that assessments were ongoing to monitor such pressures.
- Improvements with the recognition and understanding of whole system working across Forth Valley was noted.
- It was noted that there had been an increase in delayed discharges and bed days occupied since Covid-19 however reassurance was provided that there had been a reduction in recent months with 59 delays reported: the lowest figure in over a year.
- On average 136 discharges were supported by the Home First Team each month.
- Priority work undertaken to support flow and capacity through the system, and support adults with incapacity was outlined. Committee members were advised of the anticipated impact of such priority work and the potential risks associated.
- Following discussion, it was highlighted that work was being undertaken by Public Health colleagues and information services to gain further understanding of the

presentation of UUSC patients and the relationship with between primary care, secondary care and the Scottish Index of Multiple Deprivation (SIMD) scores to understand patterns of attendance.
- Reassurance was provided that the acute directorate had sufficient Service Level Agreements (SLAs) in place, resulting in limited waits for patients in Forth Valley Royal Hospital awaiting transfer to other boards.

The Performance & Resources Committee:
- **discussed the factors affecting performance against the 4-hour access standard and the delayed discharge position.**
- **noted the whole-system work being undertaken designed to improve the 4-hour access standard and delayed discharge position.**
- **was assured that whole system working was being applied to reduce harm, improve patient experience and performance in UUSC.**

Actions:
- Review and amend the waterfall diagram to align with revised timescales, especially in relation to the impact of culture work.

8.2 Whole System Winter Plan 2024/25

The Performance & Resources Committee received the 'Forth Valley Whole System Winter Plan 2024/25' presented by Janette Fraser, Head of Planning.

The purpose of the paper was to bring together the plans of the Acute Directorate, Health & Social Care Partnerships (HSCPs) and winter arrangements prepared by specialist clinical and non-clinical support services, to provide an overview of proposed arrangements for winter 2024/25.

Key points considered:
- It was noted that no additional funding had been received for winter 2024/25 therefore winter proposals would be delivered within existing budgets. Assurance was provided that a monthly review and update of the plan would be undertaken to adapt to changes throughout the winter period.
- It was noted that the aim of the plan was to support capacity requirements, however a key risk identified was the financial inability to deliver all services if additional demand was experienced over the winter period. It was agreed that the key risks and mitigations would be clearly outlined within the paper prior to presentation to NHS Forth Valley Board.
- Committee members were informed of the plan to increase day surgery cases and reduce inpatient activity in January to March, to facilitate the availability of 12 to 14 beds overnight, however it was noted that it may result in a decrease in elective performance.
- No funding was available to hire vehicles for transport during adverse weather conditions however discussions were ongoing with volunteer services to support NHS Forth Valley.
- Following discussion, it was agreed that Section 5 Winter Data Analysis would be reviewed and included as an appendix to the paper ahead of meeting of NHS Forth Valley Board in November.

The Performance & Resources Committee:
- **recommended presentation of the Plan to the NHS Forth Valley Board subject to the proposed amendments and tidying up of incomplete aspects.**
- **noted that further work regarding the data was ongoing.**

- **noted that the Whole System Winter Plan would continue to evolve throughout the winter period.**

Actions:

- Amend and update the Winter Plan in line with discussion prior to the NHS Forth Valley Board in November.

8.3 Performance Report

The Performance & Resources Committee received the 'Performance Report' presented by Kerry Mackenzie, Acting Director of Strategic Planning and Performance.

The purpose of the report was to provide the Performance & Resources Committee with key performance information to support effective monitoring of system-wide performance.

Key points considered:

- Following discussion regarding scheduled care the Committee recognised that NHS Forth Valley was performing well and was continuing to provide mutual aid to neighbouring Boards.
- Assurance was provided that despite pressures experienced in CT, there had been a slight in-month improvement in the number of patients waiting beyond the 6-week standard for imagining. Activity against the 2024/25 annual delivery plan highlighted that 124% of the predicted activity of quarter 2 was completed.
- Cancer service performance had improved over the last 4 months with 84.2% of patients seen within the 62-day standard, and 99% of patients seen within the 31-day standard.
- Psychological therapies saw an improvement of 79.8% of patients treated within 18 weeks from 73.2% in quarter 2. The Committee was advised that Psychological Therapies would be a focus of the Strategic Planning, Performance & Resources Committee in December 2024.
- Committee members were reassured that staff absence continued to be examined and discussed at the quarterly Staff Governance Committee.
- Following discussion, the work ongoing to support a reduction in the DNA rate was acknowledged.

The Performance & Resources Committee:

- **noted the current key performance issues.**
- **noted the detail within the Performance Report.**
- **was assured of the proposed level of assurance.**

9. Better Value

Item 9.3 was taken at this point in the agenda.

9.3 Estates & Supporting Infrastructure Strategic Risk Review

The Performance & Resources Committee received the 'Estates & Supporting Infrastructure Strategic Risk Review' paper presented by Vicky Webb, Corporate Risk Manager.

The purpose of the paper was to provide an assurance assessment on SRR010 Estates & Supporting Infrastructure Focused Review.

Key points considered:

- Committee members were advised that the risk description had been altered slightly to better highlight the uncertainty for the organisation in relation to estates and supporting infrastructure.
- Following a focused review, it was noted that the position of the SRR010 remained static, and the below findings were highlighted:
    - Of the 9 controls mitigating the Strategic Risk:
        - 1 received a green status.
        - 4 received a yellow status.
        - 4 received an amber or red status.
    - When considering the assurance map, it was noted that there were 4 teams implementing the controls, with 3 monitoring bodies reporting into 3 of the NHS Forth Valley Standing Assurance Committees.
    - The lead impact category for SRR010 was Service Delivery, and it was advised that for the risk to be within NHS Forth Valley's Board appetite, the current position required to be within the score range of 1 to 6.
    - The below further controls were identified as Absolutely Critical:
        - Development of Whole System Infrastructure Plan to build on the Business Continuity Plan.
        - Business Continuity Plan to be developed, following request from the Scottish government, regarding a risk-based approach to NHS Forth Valley's remaining estate.
- Following discussion, it was agreed that further assurance would be provided by the local Health & Safety Committee and incorporated within the Controls Assurance Assessment.
- Committee members sought further detail and mitigations in place for areas identified within the gap analysis. It was agreed that this detail would be provided within future reports.
- Following discussion of the risk description and queries regarding the reference to whole system multidisciplinary approach, committee members agreed that the risk description was appropriate.
- The committee requested that in future the extent of unresolved issues should be minimised, as far as possible.

The Performance & Resources Committee:

- **endorsed the evaluation of assurance provided for SRR010 Estates & Supporting Infrastructure.**

Actions:

- Incorporate assurance from the local Health & Safety Committee into SRR010 Controls Assurance Assessment.
- Provide further detail on the areas identified within the gap analysis and mitigations in place.

9.1 Finance

9.1.1 Finance Report

The Performance & Resources Committee received the 'Finance Report' presented by Scott Urquhart, Director of Finance.

The purpose of the report was to provide an update NHS Forth Valley's 2024/25 financial position.

Key points considered:

- Significant concern was raised over the ongoing operational service and financial pressures experienced locally that continued to drive a project year-end deficit of £40m.
- The below areas of further risk were noted:
    - Integration Joint Board (IJB) risk share arrangements.
    - Conclusion of Service Level Agreements (SLA) uplift arrangements.
    - Winter pressures on the organisation. Where it was noted that there was limited scope to substantively improve the outturn projection at scale other than through further funding opportunities, or by taking drastic measures that would have significantly detrimental impact on performance or patient care.
- Committee members were advised of the following purely financial options to bridge the funding gap and of any associated clinical risks:
    - Hold all vacancies.
    - Cease supplementary temporary staff.
    - However, it was noted that these would lead to the NHS Forth Valley Board being unable to provide an acceptable health service to its communities.
- Committee members were informed that controls to reduce medicine overspend had been implemented and further efforts would significantly impact performance and patient safety.
- It was noted that the only other viable route to bridge the funding gap would be receiving additional nonrecurring funding from the Scottish Government however it had not been confirmed. Reassurance was provided that a meeting had been scheduled with the Scottish Government and the Director of Finance to discuss NHS Forth Valley's quarter 2 financial position.
- The capital position for 2024/25 was updated to reflect planning commitments and priorities within the existing £9.5m total annual net capital budget. A priority identified was the purchase of a third CT scanner which had been approved by the NHS Forth Valley Board on 30 July 2024.
- Committee members were advised that the current configuration was not viable and would not be sustained longer term. It was proposed that NHS Forth Valley realigned work and delivery of health care services, to values-based health care principles. To facilitate service redesign within the organisation's affordability envelope.
- Following discussion, committee members highlighted the significance of ensuring staff within the organisation gained an understanding of values-based health care.
- Clarity was provided on the biggest drivers of the £14.9m acute service overspend, where it was agreed that further information and approximate values would be incorporated into future reports to inform decisions.
- Committee members were reminded of the successes achieved.
- It was agreed that further detail on initiatives associated with the most significant savings would be outlined within the Finance Sustainability Oversight Board paper to facilitate Board members understanding of the top financial priorities.

The Performance & Resources Committee:

- **noted the significant level of financial pressure continuing across services at month 6, despite a range of ongoing positive actions being applied to reduce expenditure.**
- **noted that the year-end projected deficit remained at £35m to £40m following an in-depth review of the financial results for the first half of the financial year, pending confirmation of outstanding assumptions and risks including funding allocations.**
- **noted that the in-year capital planning position was updated to reflect the latest commitments and priorities within the available resource envelope, with movements from the initial approved plan outline in table 9 of the report.**

- **noted that the initial financial planning estimates for 2025/26 would be presented to the Strategic Planning, Performance & Resources Committee on 17 December.**
- **endorsed reasonable assurance to the NHS Forth Valley Board.**

Actions:
- Incorporate further detail and approximate values of overspend drivers in future Finance Reports to inform future decision making.
- Include further detail on initiatives associated with the most significant savings within Finance Sustainability Oversight Board paper.

9.1.2 Financial Sustainability Oversight Report

The Performance and Resources Committee received the 'Financial Sustainability Oversight' paper presented by Scott Urquhart, Director of Finance, which was discussed in conjunction with the previous item.

The purpose of the report was to provide a progress update on the work of the Financial Sustainability Oversight Board (FSOB) for the period September and October 2024 and present the highlight reports reviewed by the FSOB.

The Performance & Resources Committee noted the Financial Sustainability Oversight Report.

The Performance & Resources Committee:
- **noted the content of the report and highlight reports included in appendix 1.**

9.2 National Treatment Centre Update

The Performance & Resources Committee received the 'National Treatment Centre Update' presented by Scott Urquhart, Director of Finance.

The purpose of the paper was to provide an update on progress to deliver the Forth Valley National Treatment Centre (NTC) facility and build on previous updates presented to both the NHS Forth Valley Board and Performance & Resources Committee.

Key points considered:
- As the project progressed through the latter stages of construction, the team continued to work closely with NHS Scotland Assure (NHSSA) and Forth Health as the body responsible for delivering the programme to NHS Forth Valley through the Private Public Partnership (PPP) contract variation process, to ensure that the building is safe and compliant.
- A review of the design and construction raised concerns regarding fire safety compliance, specifically the potential in the event of a fire for material used to emit smoke and flames transfer between compartments. It was advised that the integrity of the structure and the process of internal evacuation would be compromised if such events were to take place. Assurance was provided that comprehensive options to deliver a solution were submitted by the contractor and would be considered by Falkirk Council's Building Standards department.
- The installation of the domestic water pipework, specifically related to its insulation, was non-compliant with the relevant British Standard and Scottish Health Technical Memorandum, (SHTM) as assessed by NHSSA, NHS Forth Valley, technical advisors and Forth Health Limited. The concern was regarding the ability for moisture to access and corrode pipework.

- The water connection into the existing infrastructure was not approved by the NHS Forth Valley Board's Water Safety Group due to project delays and inconsistencies identified with the flushing records, and specification water temperature which were under investigation. A revised plan was awaited from the contractor to outline a proposal to effectively maintain compliant water temperatures. It was advised that no connection would be made until there was sufficient test and temperature information to evidence that the water system was safe.
- Reassurance was provided that the Key Stage Assurance Reviews (KSAR) had progressed positively from an initial 216 to 5 actions. It was noted that feedback was awaited from NHSSA's assurance assessment.
- Following discussion, it was agreed that further detail outlining responsibilities for making the key decisions, including the role of NHS Assure would be provided to evidence good governance in decision making processes.
- Committee discussed the continued media scrutiny of the NTC, and were assured that work was undertaken to by the Head of Communications and Director of Finance to address media enquiries.

The Performance & Resources Committee:

- **noted the Forth Valley NRC progress update and proposed assurance level.**
- **noted the current status of NHSSA actions.**
- **noted that the timeline for ward completion and associated commissioning and handover KSAR processes was noted confirmed and required resolution of understanding compliance issues as advised by NHSSA.**

Actions:

- Provide further detail outlining responsibilities for making the key decisions, including the role of NHS Assure, to evidence good governance in decision making.

9.4 Capital & Infrastructure Projects, Property Transactions, Medical Equipment & eHealth Update

The Performance & Resources Committee received the 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update- Q2 2024/25' paper presented by Morag Farquhar, Director of Facilities.

The purpose of the paper was to provide an update on current major capital projects, property transactions, medical equipment expenditure and digital delivery plan progress for the second quarter of 2024/25.

Key points considered:

- The Capital Plan was adjusted, and projects noted as 'deferred to 2025/25' have been agreed to be slipped further, to allow such funding to contribute to the provision of a third CT Scanner.
- Committee members were advised that at this stage an updated sum could not be included within the revised draft Capital Plan due to unknowns in relation to the purchase of Killin Medical Practice's premises, and 'dilapidations' regarding the termination of the lease of Carseview House.
- Positive progress with capital projects, property transactions, medical equipment expenditure and digital delivery plan was noted, and committee members were advised that an update would be brought to the 17 December 2024 meeting.
- Committee members were advised that continued GP IT provision delays were experienced due to difficulties with national teams finalising a plan. The Committee noted that an update would be provided at the 17 December 2024 meeting per the Committee Planner.

- Assurance was provided that the sale of Callander Dental Practice was ongoing however was delayed due to the condition of the roof which had been identified by the purchaser's solicitor as a point of debate.
- Following discussion, the committee was advised that the first submission of the Business Continuity Plan, the new process implemented for capital planning, was due for submission to Scottish Government colleagues in January 2025.

The Performance & Resources Committee:

- **noted the updates for Capital & Infrastructure, Medical Equipment and Digital eHealth.**
- **noted the updated position in relation to the Business Continuity Plan.**
- **endorsed the proposed level of assurance.**

9.5 Purchase of Killin Medical Practice Premises

The Performance & Resources Committee received the 'Purchase of Killin Medical Practice Premises' paper presented by Morag Farquhar, Director of Facilities.

The purpose of paper was to outline NHS Forth Valley's plan to undertake the off-market purchase of Killin Medical Practice premises, which was owned by the former GP Partner, Dr David Syme.

Key points considered:

- The current owner confirmed that he wished to sell the property and offered an off-market sale to NHS Forth Valley, which was intended to ensure the delivery of Primary Care Services to Killin and surrounding area.
- The NHS Forth Valley Board provisionally agreed a purchase price of £240,000 for the threshold interest. The reduced figure reflected the deduction in cost for the statutory compliance documentation which was obtained by the Board.
- Committee members were advised that no alternative options were viable following work undertaken by the Property Advisor, detailed within Appendix 2.
- Assurance was provided that clinical involvement, and agreement was provided by the Deputy Medical Director of Primary Care, and the Health & Social Care Partnerships had been made aware.
- A number of concerns were raised regarding the scoping of co-location within other properties, the clinical demand and requirement for the practice to be sited in Killin, risk assessment, and the use of an equality impact assessment.

The Performance & Resources Committee:

- **noted the position in relation to the Medical Practice's premises and the need to ensure stability of provision of GMS and other services to the local community.**
- **endorsed the off-market purchase of Killin Medical Practice and recommended approval to the NHS Forth Valley Board, subject to the following being satisfactorily addressed:**
    - **That all senior staff with relevant and necessary interests have been engaged within the process.**
    - **The clinical demand and consideration of the use of the building and if it is fit for purpose.**
    - **Consideration of alternative locations in the wider area.**
    - **Analysis of alternative strategies if the purchase does not take place.**
    - **Wider analysis of associated risks.**
- **endorsed the proposed level of assurance, including compliance with the Property Transactions Handbook.**

Actions:

- Incorporate additional information in relation to concerns raised prior to the presentation to the NHS Forth Valley Board for approval.

10. For Noting

10.1 The Performance & Resources Committee noted the Post Transaction Monitoring Report No. A25/25.

10.2 The Performance & Resources Committee noted the Emergency Planning & Resilience Minute.

10.3 The Performance & Resources Committee noted the Information Governance Group Minute.

11. Any other Competent Business

Mrs Neena Mahal led committee members in paying tribute to Mr Martin Fairbairn for his contributions to the Performance & Resources Committee undertaking the role of Chair.

The Chair gave thanks to colleagues for their support.

There being no other competent business the chair closed the meeting.

12. Date of Next Meeting

The next meeting would be of the new Strategic Planning, Performance & Resources Committee on Tuesday 17 December 2024 at 9:00am, in the Boardroom, Carseview House.

FORTH VALLEY NHS BOARD
8.4
For: Noting

Minute of the Staff Governance Committee meeting held on Friday 13 September 2024 via MS Teams

Present:	Mr Robert Clark Mr Nicholas Hill Mr Gordon Johnston Mr Stephen McAllister Ms Janet Sneddon Mr Allan Rennie (Chair)	
In Attendance:	Miss Chloe Archer (Minute) Ms Elaine Bell Mr Michael Brown Ms Amanda Croft Prof Frances Dodd Mr Garry Fraser Mrs Neena Mahal Mrs Louise McCallum (Item 7.1) Ms Linda McGovern	Mr Cameron Raeburn (Item 7.3) Mr Kevin Reith Mrs Linda Robertson Mrs Sarah Smith (Observer) Miss Rachel Tartido Mr Scott Urquhart Mr Scott Williams (Item 7.1) Miss Vicky Webb

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1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Apologies were noted on behalf of Mr Tom Cowan, Mrs Morag Farquhar, Mrs Karren Morrison and Mrs Jo Tolland. It was confirmed the meeting was quorate.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Staff Governance Committee meeting held on Monday 29 July 2024

The note of the meeting held on Monday 29 July 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

In terms of matters arising, the Chair advised the actions relating to the Staff Governance Report would be discussed under Agenda Item 6.1, the Speak Up/Whistleblowing Report would be discussed under Agenda Item 6.3 and Primary Care Sustainability Risk would be discussed under Agenda Item 7.1. It was noted that Agenda Items 5, 8, 9 and 10 were complete.

Item 1 - *Assurance & Improvement Update: Leadership and Culture* – Mr Kevin Reith provided the group with a verbal update and stated that the Assurance Board had a positive discussion on Thursday 5 September 2024. Kevin Reith also mentioned that Area Partnership Forum Committee members are meeting with Christine McLaughlin on Tuesday 17 September 2024. It was agreed that Item 1 would be brought back to the Staff Governance Committee on Friday 13 December 2024.

Item 2 – *Staff Governance Report* – Mr Kevin Reith stated that the completion date for this item may be updated to Friday 14 March 2025, so that it is in line with the audit completion date.

Item 10 – *Any Other Competent Business* – Mrs Neena Mahal noted an adjustment required to the wording of the action to reflect 6 Staff Governance Committee meetings were in the diary for 2025.

5. Staff Governance Committee Workplan

Mr Kevin Reith highlighted changes to the workplan and stated that conversations with Committee members will continue to determine the most effective way to review the workplan. It was agreed that when changes to the workplan are made they should be explicit.

It was highlighted that the workplan lacked a specified date for the next Culture Change & Compassionate Leadership Programme (CC&CLP) update to be presented to the Committee. It was agreed that the workplan would be amended to show an update at the 13 December 2024 meeting and subsequently at every alternate meeting. Committee members asked that the CC&CLP update in December focuses on the initial key themes, as well as the outcomes of the programme.

The Staff Governance Committee:

- **Noted** the changes to the workplan, and the continued practice of any future amendments being made explicit.

Actions:

- Update the workplan to indicate that next CC&CLP update will be given during the meeting on Friday 13 December 2024 – **Mr Kevin Reith.**
- A CC&CLP update to be added as a standing agenda item for alternate Staff Governance Committee meetings – **Mr Kevin Reith.**

6. STAFF GOVERNANCE STANDARD ACTIVITY

6.1 Staff Governance Report

The Staff Governance Committee received the Staff Governance Report. The report provided the Committee with an update on a range of Staff Governance and Partnership priorities with focus on developing performance metrics against our aims.

Mr Kevin Reith highlighted that the overall sickness absence rate for August had dropped from 7.72% to 7.17% with work continuing to develop a sustainable positive trend.

The appointment of Aileen Love as Head of Occupational Health was noted, recognising the extensive experience she will bring to the role from her work in both the private and public sectors.

An overview was given on the employee relations work. Mr Kevin Reith mentioned that discussions are ongoing within the HR department to explore ways of disseminating the status of employee relations cases more widely with colleagues. HR are also reviewing how bullying and harassment cases are handled to ensure they are being addressed in the most appropriate way.

Mr Nicholas Hill expressed concerns on behalf of Staff Side colleagues about the prolonged length of time it takes to resolve employee relation cases, particularly those involving Bullying and Harassment. Mr Kevin Reith confirmed that HR colleagues also share these concerns and clarified that the Once for Scotland policy timescales have created the unintended consequence of a minimum duration of six months to investigate these types of cases, which does not allow for rapid movement. This challenge is recognised at national level. Mr Kevin Reith emphasised the importance of addressing concerns promptly to avoid escalation into more significant issues and

DRAFT

confirmed that he would work in partnership with Staff Side colleagues to discuss how to further streamline current processes.

It was noted that the Staff Governance Report should be handled with care regarding the disclosure of the precise number of individuals involved in specific Bullying and Harassment investigations, as well as the department they work in, to preserve anonymity.

Discussion around the number of employees leaving within 12 months of joining NHS Forth Valley took place. It was determined that it would be useful to understand the reason why these employees are leaving. Mr Kevin Reith agreed to look at national data to see how Forth Valley compares to other health boards and report the findings back to the Committee.

Mrs Neena Mahal brought attention to the significant number of staff absent from work due to musculoskeletal conditions and inquired about the support available for these employees as they await physiotherapy treatment. It was confirmed that the physiotherapy team have a fast-track system, and the work was noted to ensure the relatively small team can continue to provide the necessary support. It was proposed that endowments could be used to fund support. Mr Scott Urquhart stated that there are strict criteria for what endowments can be used for and they should typically only be used on a one-off basis, but it is worth exploring. Mr Kevin Reith agreed to explore the possibility of using endowments.

The Staff Governance Committee are seeking further assurance regarding plans to optimise and streamline current Bullying and Harassment processes. This should be highlighted within the Staff Governance Report that will be presented at the meeting on Friday 13 December 2024.

The Staff Governance Committee:

- **Noted** concerns regarding the pace of Bullying and Harassment investigations and the need to streamline processes.
- **Noted** that alternative ways the health board can support staff who are currently off sick with musculoskeletal conditions are being reviewed.
- Are **seeking further assurance** on how HR plan to optimise current Bullying and Harassment processes.

Actions:

- Review the most appropriate way to disseminate information relating to employee relation cases to wider colleagues **– Kevin Reith.**
- Meet with Staff Side colleagues to discuss how to further improve current Harassment and Bullying processes **– Kevin Reith.**
- Review national data for employee's who leave their health board within 12 months of commencing employment and report the findings back to the Committee – **Kevin Reith.**
- Investigate the use of endowments as a way to support the physiotherapy team in providing services to employees **– Kevin Reith / Scott Urquhart.**

6.2 Safe Staffing

The Staff Governance Committee received a 'Safe Staffing' update. Prof Frances Dodd welcomed comments on the Q2 report and stated that the report will continue to be refined ahead of its submission on 31st October 2024. It was also confirmed that monthly updates will continue to be bought to SLT meetings.

It was highlighted that there are a number of risks which pose a threat to the successful completion of the Safe Staffing legislation. Some of these risks relate to changes to working practices which

will be required to ensure more effective deployment of staff to ensure service cover in the short term, and longer term need to reflect service transformation work in our safe staffing levels to ensure sustainable solutions. It was noted that the implementation of the Reduced Working Week and the Protected Learning Time initiatives, alongside the Safe Staffing legislation has been challenging in the current financial climate. Committee members concurred that reporting these risks in the Safe Staffing cover paper would be beneficial when presenting it to the Board.

The Committee recognised the work that had taken place to comply with the Health and Care (Staffing) (Scotland) Act 2019 and agreed that the Safe Staffing report gave a good level of assurance.

The Staff Governance Committee:

- **Noted** the contents of the Q2 report which will be submitted to the Scottish Government by 31st October 2024.
- **Noted** the contents of the Q1 Agency report.
- **Considered** the proposed level of Assurance but requested that key risks were added to the paper before being brought to the Board on Tuesday 24 September 2024.

Actions:

- Highlight key risks to the successful implementation of the Safe Staffing legalisation within paper before it is taken to the Board **– Frances Dodd.**

6.3 Speak Up/Whistleblowing Report

The Staff Governance Committee received the 'Whistleblowing Standards and Activity Report' which outlined NHS Forth Valley's whistleblowing performance during Q1. It was noted that Whistleblowing and Speak Up will now be reported within the same paper.

It was highlighted that the national Speak Up Week event will take place between 30 September to 4 October 2024. The purpose of this week is to enhance awareness of the whistleblowing procedures within the organisation, ensuring employees are well-informed on how to raise concerns. During Speak Up Week, promotional materials will be distributed to employees and made available on the staff intranet.

Committee members agreed that obtaining additional information on the participation rates in the Turas whistleblowing training modules and comparing these to national statistics would be useful.

The Staff Governance Committee:

- **Noted** the Q1 2024 whistleblowing performance in NHS Forth Valley.

Action:

- Benchmark the uptake of Turas whistleblowing training within NHS Forth Valley against national data and present the findings at the Staff Governance Committee meeting on Friday 13 December, and at the Board meeting on 28 January 2024 – **Frances Dodd**.

6.4 Equality and Diversity Workplan

The Staff Governance Committee received the 'Equality and Diversity Workplan' update. The update focused on key workstreams that the Equality, Inclusion and Wellbeing Service team have

DRAFT

prioritised and how these main workstreams, as well as broader pieces of work, align with the Equality Objectives for April 2024 to April 2025.

Miss Rachel Tardito informed the Committee that the Equality, Inclusion and Wellbeing Service team are making good progress on the Equality Strategy that is required to be published in April 2025.

Committee members discussed how the health board could maximise the use of additional government funding that is available through the Department for Work and Pensions (DWP), to help support employees with physical or mental health conditions or disabilities. Miss Rachel Tardito informed the Committee that the Equality, Inclusion, and Wellbeing Service team have engaged with Access to Work to enhance the utilisation of the funding available.

It was highlighted that the Equality, Inclusion, and Wellbeing Service team work closely with Falkirk Council. There was a question regarding whether the health board could form a similar partnership with Stirling Council and Clackmannanshire Council, as standardising processes and initiatives across the board would be beneficial. Miss Rachel Tardito stated that while the three councils in Forth Valley are invited to collaborate with the health board on initiatives, Stirling Council and Clackmannanshire Council do not always have the capacity, and scheduling conflicts have previously prevented collaboration. The Equality, Inclusion and Wellbeing Service team will continue to explore opportunities for collaboration where appropriate.

During discussion the Committee concurred that understanding the types of concerns disclosed by Equality Networks and the health board's responses to them, would be beneficial. Miss Rachel Tardito assured the Committee that this information would be incorporated into a broader workplan in the future, along with details on how this data is hosted. Mr Robert Clark informed the Committee that when the new Chief Executive, Ross McGuffie, has commenced in post, the Area Partnership Forum's membership will be renewed to encompass members from the Equality Networks, enabling their concerns to be taken directly to the Board.

On 9 September 2024, all health boards received a Director's Letter from the Scottish Government outlining the development of anti-racism plans. Mr Kevin Reith notified the Committee that he, along with Rachel Tartido and Linda McGovern, met on the afternoon of 9 September 2024 and discussed the health board's approach to fulfilling the stipulations of the Director's Letter. To facilitate strategic input from Board members, a seminar session will be arranged. During this seminar, Board members will also have the opportunity to agree the 2025 - 2026 Equality Objectives.

Mr Allan Rennie stated that it would be beneficial to understand what the top priorities are for the Equality, Inclusion and Wellbeing Service users. This insight would contribute to the development of the Staff Governance Committee Workplan.

The Staff Governance Committee:

- **Noted** the content of the paper.

Actions:

- Arrange the Equality, Diversity & Inclusion Board seminar – **Jack Frawley / Rachel Tartido.**

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6.5 Personal Development Plan, Medical Appraisal and Training Activity Report

The Staff Governance Committee received the 'Personal Development Plan, Medical Appraisal and Training Activity' update.

The Staff Governance Committee welcomed the focus on improving Personal Development Performance Review (PDPR) compliance and recognised its importance.

Committee members concurred that it would be beneficial to have access to monthly update reports which detail the overall performance of the appraisal process within each Directorate. Mr Kevin Reith assured that within the next performance report, a chart will be included to show the figures for either the previous month or quarter.

Committee members also stated that it would be useful to have access to information on the uptake rates for manager PDPR training, as well as information on the PDPR performance rates for sub-teams within the Directorates. Ms Linda McGovern confirmed that training uptake figures will be bought back to the Committee when they are available.

Committee members proposed that it may be beneficial for job description evaluations to be embedded into the PDPR process. Mr Kevin Reith stated that at this stage, NHS Forth Valley need to ensure the appraisal performance process is not complicated, so that the national 80% completion level is achievable and sustainable. When the compliance rate increases, more things will be built into the process.

Committee members acknowledged that appraisals might be perceived as a mere formality by employees, particularly if the outcomes do not appear to impact their day-to-day work. The Committee concurred that communicating the significance of appraisals to employees is essential.

The Staff Governance Committee:

- **Noted** the contents of the paper update and the current compliance levels.
- **Noted** the importance of receiving monthly/quarterly updates on the overall performance of the appraisal process within each Directorate and information on the uptake rates for manager PDPR training.
- **Noted** the need for a strong communication strategy to ensure employees understand the importance of appraisals for their personal development.

Actions:

- Include a chart detailing the overall performance of the appraisal process across each Directorate for the past month/quarter in the upcoming performance report for the Staff Governance Committee meeting on 13 December 2024 – **Kevin Reith / Linda McGovern**
- Provide Staff Governance Committee with manager PDPR training uptake figures – **Linda McGovern**
- Develop Comms to illustrate the importance of PDPR's to employees – **Linda McGovern.**

6.6 Agenda for Change: Pay Implementation

The Staff Governance Committee received the 'Agenda for Change: Pay Implementation' update.

Ms Elaine Bell provided Committee members with an update on the Reduction in the Working Week (RWW). It was highlighted that there has been a lack of implementation of the RWW for SERCO staff, as SERCO are awaiting response on the financial implications in respect of application. The deadline to implement the RWW for rostered staff is 30 November 2024. With most SERCO staff

DRAFT

working on a rostered basis, it was concluded that there is no immediate risk to the successful rollout of the RWW. Ms Amanda Croft notified the Committee of her upcoming meeting with Tony McLaughlin (Regional Director Scotland at SERCO) and Karen Leonard (Regional Organiser at GMB Scotland) to address GMB's concerns about workers not yet receiving the agreed reduced working week in minutes or pay.

Ms Linda McGovern provided an update on the introduction of Protected Learning Time. A review is currently in progress to identify the most effective method for documenting the completion of mandatory training by employees during work hours. eRostering and STSS are being considered as two possible solutions.

Mr Michael Brown provided an update on the review of Band 5 Nursing roles. As of 13 September 2024, NHS Forth Valley had received 12 applications from Band 5 nurses however, this figure is expected to increase significantly as people make their way through the application process

The Staff Governance Committee:

- **Noted** concerns about the lack of implementation of the RWW for SERCO staff.
- **Noted** the commitment to report on Protected Learning Time.

Action:

- Update on the implementation of the RWW by SERCO to be brought to the Staff Governance Committee on 13 December 2024. – **Elaine Bell.**

6.7 Internal Audit Actions Follow Up

The Staff Governance Committee received the 'Internal Audit Actions Follow Up' update. Mr Kevin Reith informed the Committee that audit actions marked as 'Complete' are subject to sign-off at the Audit and Risk Committee.

The Committee agreed that adding this as a standing item on the agenda for future Staff Governance Committee meetings would be beneficial.

The Staff Governance Committee:

- **Noted** the status of the current audit follow up actions aligned to the Staff Governance Committee.
- **Considered** the proposed level of Assurance.

Action:

- 'Internal Audit Actions Follow Up' to be added to the meeting agenda as a standing item – **Kevin Reith.**

7. RISK MANAGEMENT

7.1 Primary Care Sustainability Risk

The Staff Governance Committee received the 'Primary Care Sustainability Risk' update.

The update indicated that significant financial pressures on Scotland's public services, coupled with rising demand and workforce challenges, may prevent NHS Forth Valley from effectively providing Primary Care Services. This could lead to a decrease in services and independent GP

DRAFT

contractors throughout Forth Valley, exacerbating the strain on other services and adversely affecting the population's health.

The Committee highlighted that the current risk score had been lowered from 20 to 15. Committee members questioned whether this decrease was a fair evaluation given the stated pressures. It was acknowledged that assigning a risk score that accurately represented the current state of each GP surgery in Forth Valley was challenging. Furthermore, it was stated that the initial score of 20 could be deemed as too high; therefore, the reduction was not indicative of a diminished risk but rather an adjustment to more accurately reflect the current circumstances. The Committee asked for a re-evaluation of the score reduction, considering the report's limited assurance.

Committee members agreed that it would be beneficial to understand why some of the controls that were identified to mitigate the strategic risk are not effective, as well as receiving a more rounded review as to how the health board is managing the risk. With this information, the health board will be in a better position to reduce the Primary Care workload.

The Staff Governance Committee:

- **Noted** the requirement for a re-evaluation of the risk score in light of the assurance level provided for SRR018 Primary Care Sustainability.
- **Noted** that the controls to mitigate the strategic risk score need to be informed by data and narrative.
- **Noted** that an updated version of the 'SRR018 Primary Care Sustainability Focused Review' report will be presented during the Board meeting on Tuesday 26th November.

Actions:

- Strategic risk score to be reviewed. Inform the Board of plans to reassess the score when paper is presented during the Board meeting on Tuesday 26th November 2024 – **Vicky Webb.**
- In the 'SRR018 Primary Care Sustainability Focused Review' report, include reasons supported by data and narrative, to show why the existing controls to mitigate the strategic risk score are proving ineffective – **Vicky Webb.**

7.2 Strategic Risk Register

The Staff Governance Committee received the ‘Strategic Risk Register’.

The three strategic risks associated with the Staff Governance Committee have been reviewed since the last meeting, and there has been no change in the scoring of the Strategic Risk profile. A Focused Review on Workforce Plans is scheduled for consideration at the Staff Governance Committee meeting on Friday 13 December 2024.

There is one action that is overdue, which relates to Primary Care Sustainability. The action focuses on the development of new/innovative portfolio roles and career pathways. An update from the Acute site is required to clarify funding.

The Staff Governance Committee:

- **Considered** the assurance provided regarding the effective management and escalation of Staff Governance risks.
- **Endorsed** the Staff Governance Strategic risks for onward reporting to the Audit and Risk Committee and NHS Board.

7.3 Health & Safety Quarterly Report

The Staff Governance Committee received the 'Health & Safety Quarterly Report'.

3,643 adverse events (clinical and non-clinical) were reported in Q1 - this was a small increase from that reported in Q4. The increase in events being reported was in relation to clinical events.

88% of adverse events were reported within three days of them occurring, which is 1% higher than Q4. 75% of adverse events were reviewed within the nine-day target, an increase of 5% from Q4, however this is below what is required.

In Q1 there were 251 Excellence Reporting events that were reported. The most frequently used were 'Going the extra mile' and 'Teamwork / peer support'. Committee members concurred that further comms surrounding the Excellence Reporting would be beneficial.

Compliance for Manual Handling (MH) training / competency assessment stayed the same as Q4 and Management of Violence & Aggression (MVA) increased by 1%. The required 90% compliance target remains unmet. Areas of significant concern are areas within Acute Services Directorate (EC&I) and C&S HSCP requiring Moderate Level training as both are currently significantly below target at 58% and 69%. Falkirk HSCP are above target, currently sitting at 95% and projected to be at 93% by the end of Q2.

The Health and Safety Control Book audit programme completed its first 3-year cycle, with the one area postponed from Q4 now being completed. Each Directorate is asked to provide an update on audit items on a quarterly basis. For Q1, responses were received from 55% which is of concern. The bulk of the non-responses were areas within Acute Services where 42 of the 46 areas did not provide an update. Garry Fraser confirmed that the importance of the Control Book audit programme has been highlighted to the teams within the Acute Directorate. The audit programme will be paused to allow time for a review and update of the Health & Safety Control Book on Safeguard; a review of the audit tool; and, to allow additional training sessions for Control Book Holders and their deputies to be undertaken.

The Staff Governance Committee:

- **Noted** the contents of the Health & Safety Quarterly Report.

8. FOR NOTING

8.1 Area Partnership Forum Minute 23/07/24

The Staff Governance Committee **noted** the Area Partnership Forum Minute.

8.2 Acute Services Partnership Forum Minute 27/06/24

The Staff Governance Committee **noted** the Acute Services Partnership Forum Minute.

8.3 Facilities and Infrastructure Partnership Forum Minute 30/05/24

The Staff Governance Committee **noted** the Facilities and Infrastructure Partnership Forum Minute.

8.4 Health and Safety Committee Minute 14/05/24

DRAFT

The Staff Governance Committee **noted** the Health and Safety Committee Minute.

8. ANY OTHER COMPETENT BUSINESS

The Chair noted the retirement of Ms Linda Donaldson and expressed their gratitude for the dedicated service and significant contributions she made to NHS Forth Valley throughout her career.

The Chair noted that Cllr Gerry McGarvey had resigned as Chair of the Clackmannanshire & Stirling IJB. The new Chair of that IJB will be announced in due course.

The Chair also noted that recruitment for a Director of People has commenced, and candidates have been shortlisted, with interviews taking place week commencing 23 September 2024.

Mr Robert Clark informed Committee members that the Area Partnership Forum meetings will now take place bi-monthly.

Mr Allan Rennie stated that during the Remuneration Committee meeting that took place on 24 July 2024, Committee members reviewed the Executive's objectives. It was recognised that the objectives need to be revised once the new Chief Executive, Ross McGuffie, commences in post. It was also decided that an 'Objective Setting' training refresh would be undertaken with the executive cohort. It was agreed that updates from the Remuneration Committee should be put on the Staff Governance Committee agenda as a standing item.

Action:

- Ensure 'Remuneration Committee Update' is added to future agendas as a standing item – **Kevin Reith.**

10. DATE OF NEXT MEETING

Friday 13 December 2024 in the Boardroom, Carseview (hybrid)

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FORTH VALLEY NHS BOARD
8.5
For: Noting

Minute of the **Area Clinical Forum** meeting held on **Thursday 12 September 2024 a**t **6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair)	Lucie Risk	Oliver Harding
	Pamela Scott	Rhona King	

In Attendance: Emma MacDonald, Vice Chair APC
Elaine Bell, Associate Director of HR
Kevin Reith, Interim Director of HR
Sarah Smith, Corporate Services Assistant/PA *(Minute Taker)*

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1. Apologies for Absence/Confirmation of Quorum

Apologies were noted on behalf of Amanda Croft; Andrew Murray; Liz Kilgour; Wendy Nimmo; Gillian Tait.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 17 July 2024

The Area Clinical Forum approved the minute from 17 July 2024.

4. Matters Arising from the minute/action log

The action log was presented with the following noted:
Items 3 PAC ToR - action to be extended to the November meting.
Item 5 Comms - to be added to the November Agenda.
Item 6 Finance – to be added to the November Agenda.
Item 4 HR Update - complete.
Item 7 Population Health & Care Strategy - Kirstin Cassells confirmed she had contacted Jennifer Champion to ascertain how the ACF could be involved.
Item 8 Corporate Plan - ongoing.

There were no additional matters arising.

5. Committee Planner Review

The Planner was reviewed noting the following:

- Board Seminar on Realistic Medicine – topic had been changed and an update would be provided later on the Agenda.

FOR DISCUSSION

6.1 Human Resources Discussion

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The Area Clinical Forum received a general HR Update led by Mr Kevin Reith and Ms Elaine Bell. This had been requested following discussion around HR topics at recent ACF meetings.

Elaine Bell led a presentation on the **Reduced Working Week** which outlined the following areas:

- Reduction instituted as part of agreed Agenda for Change Pay Deal 2023/24
- Aim was to improve work/life balance
- Overall view of requirements and deadlines for Rostered and non-rostered staff
- Outline of work undertaken to ensure compliance
- Ongoing challenge noted around difference in recording of hours on multiple systems
- Recording of part-time hours noted as significant challenge with interim approach undertaken
- Position as of August 2024
- Further reduction to 36 hours by 01/04/26
- Next steps include additional Q&A session in September

The ACF recognised the ongoing challenge around achieving and recording the reduction for part-time staff. Issues were also noted around implementing the reduction in clinical areas, recognising an effective decrease in the overall organisational workforce. Elaine confirmed awareness of the issues and advised contact would be made with Heads of Service to ensure understanding around barriers and establishing potential solutions.

Kevin Reith then led a presentation on **Culture Change & Compassionate Leadership**. The following areas were noted:

- Recap of Programme Roadmap
- Overarching themes identified
- Outline of colleague participation and engagement
- Collective Programme Goal outlined
- For each of the identified areas, problem themes identified and addressed to ensure consistency of approach across the organisation.
- Scottish Government service design approach undertaken during workshops
- Outline of Stage 1 and 2 for the design process with end goals noted
- Impact matrix utilised for evaluation of solutions with gold star being those of high impact, low complexity.
- Summarisation of current position, with programme themes designed into 8 programme workstreams. For each area statements there had been determination of goals, action, activity and status.
- Description of high-level draft of project summary, noting objectives and potential workstreams to ensure delivery.
- Aim was for programme to run for the rest of this and next financial year. Aim was to review in September 2025 and integrate work into ‘business as ususal’.
- Work would become part of the Population Health & Care Strategy.

The ACF sought clarification around benchmarking against the identified objectives. Kevin Reith confirmed specific work to was ongoing to identify appropriate Culture measurement tools. Potential was for testing to be undertaken at an organisational level, prior to expansion to teams.

The ongoing commitment to the work was recognised, noting this was extensive and would necessitate significant time to complete. Changes to ingrained methods of working was required. Mr Reith confirmed he had met with the new Chief Executive, Ross McGuffie, who had confirmed his commitment to the cultural change work.

The ACF also received an update around **Whistleblowing and Speak Up**, noting this was as ongoing theme within the organisation. A brief background was provided around the work undertaken to date, which included an amalgamation of the roles of Speak Up Ambassador and Confidential Contacts for Whistleblowing. Professor Frances Dodd was the Whistleblowing and Speak Up Lead for the organisation, with reporting into Staff Governance. Gordon Johnstone, Non Executive, was the Whistleblowing Champion on the NHS Board.

In terms of Whistleblowing, 9 KPIs were being measured, which were outlined. Detail was provided around the figures from the previous year, noting these were published online. Significant learning was undertaken on an ongoing basis. A report would be taken to the Staff Governance meeting on 13 November 2024. This noted that 67% (4,400) of staff across the organisation have completed awareness training. The target was 90% and ongoing improvement was being seen.

Since commencement of the standards in 2021, 19 concerns had been raised, with 1 concern raised in the last quarter. Of these, 1 was upheld, 8 not upheld and 9 partially upheld. The remainder were live and ongoing. Timelines were provided for completion of Stage 1 and Stage 2 complaints respectively. For 2022/23, a total of 91 concerns were raised across 22 Scottish Health Boards.

6.2 Safe Staffing

This was confirmed as a standing item, with recognition this was not applicable to Independent Contractors.

Kirstin Cassells confirmed that for Pharmacy, work was continuing with returns being submitted. Work around e-rostering was also being reviewed with demonstrations undertaken with aim to reduce burden of work.

Kevin Reith confirmed quarterly reporting would be made to the Staff Governance meeting tomorrow, 13 November 2024. Professor Frances Dodd, Executive Nurse Director, was the Executive Lead for the organisation. A recent meeting had taken place with HIS colleagues, with challenge made around timings to ensure alignment with Governance Committees.

6.3 Agenda for Change – reduction in the working week

This item was covered during the HR Update.

6.4 Draft NHS Board Agenda 24/09/24

A draft list of topics had been circulated to the Forum, noting the formal Board Agenda had not been available at time of paper circulation. No issues of challenge or discussion were raised.

6.5 Feedback from Board Seminar 03/09/24 – Learning from Escalation

The ACF received verbal feedback on the session from Kirstin Cassells. This was noted as an extremely positive session, led by Jo Tolland, Programme Lead.

Clarification was sought around de-escalation with confirmation this would be a step-wise approach. A lack of clarity around requirements was noted, with agreement this would form part of the feedback to be made to Scottish Government around expectations. It was confirmed to ACF that no timescale or directive had been provided around de-escalation to Level 3.

Kevin Reith advised the Assurance Board had met recently, noting this was a positive meeting. It was hoped that this position would be fed back to the Director General who would make the recommendation to the Cabinet Secretary.

Escalation framework guidance was in place however a lack of clarity was noted around Leadership, Culture and Governance.

The outcomes from the event would be shared with ACF colleagues. **Action: Kirstin Cassells**

6. FOR NOTING

The Area Clinical Forum

- **Noted the minutes of the reporting groups as presented.**

6.1 Area Pharmaceutical Committee 05/06/24 & 07/08/24

The ACF received an update from Kirstin Cassells who noted the main topic of discussion was around applications for admissions to the Pharmaceutical List. This related to notifications required following a Pharmacy requesting a new contract within Forth Valley. A paper had been submitted by the Contracts Team. Challenge was noted within Forth Valley around the significant number of rural areas.

The Pharmaceutical Care Services Plan had been updated and taken to the APC for comment. This would be brought to the next ACF meeting. **Action: Kirstin Cassells**

Another topic discussed was around Independent Contractors having access to Clinical Portal. Kirstin Cassells had provided an update noting work was ongoing with Clinical Governance around DPIA and Information Sharing agreements. This was required prior to any work being commissioned.

Jillian Thomson, Deputy Director of Finance, had been invited to attend the next meeting. This was in recognition of the difference in make-up of the APC, with both employed staff and independent contractors and the need for understanding of the financial issues across both areas acknowledged.

6.2 Psychology Advisory Committee 27/06/24

The ACF were advised no meeting had taken place.

6.3 Area Dental Committee

There was no representative available to provide an update.

6.4 Area Medical Committee

A verbal update was provided by Oliver Harding who noted a positive meeting had taken place of the Clinical Leads. At this time, the AMC had been discussed, noting a proposal to establish a hospital sub-group. Positive interest was noted with need to maintain momentum.

DRAFT

The meeting held on 16 September 2024 had not been quorate, so an informal discussion had taken place. This had focussed on interface issues between Primary and Secondary Care.

The next AMC meeting on 12 November 2024 would be held in person at Carseview House.

6.5 Area Nursing and Midwifery Advisory Committee

The ACF were advised that the next ANMAC meeting would be held on Monday 16 September 2024. Membership continued to be a challenge, a position that was replicated across Scotland. The ANMAC Leads were meeting with the Chief Nurse on 30 September 2024 where challenges would be discussed. A meeting had also taken place with David Watson, Chief Nurse, to encourage engagement within Chief Nurses and identification of a suitable representative.

6.6 Area Optical Committee

Rona King reported low attendance at the last meeting on 26 August 2024 as a result of a clash with a Glaucoma Scheme meeting. However, the meeting was quorate.

Discussion topics had included DPIA for Clinical Portal noting feedback advising Pharmacy would be addressed in the first instance.

The Community Glaucoma Scheme was also discussed, noting this was National and provided the opportunity for Independent Prescribing Optometrists to become NESGAT qualified. This would enable stable patients to be managed within the Community. Forth Valley currently had 4 with an additional 2 to commence training early 2025. Selection had been made around location of appropriate patients, with a significant backlog noted due to time consuming process to identify patients. Access to Clinical Portal would be required, however it was anticipated this could be addressed by providing individual access.

A high proportion of cross-boundary referrals was noted with NHSFV eye-department advising they would be establishing clear criteria. Inappropriate referrals would be returned to initial referrer.

The next AOC would be held in person with CPD organised. Positive attendance was anticipated.

6.7 Healthcare Science Local Forum

There was no representative present.

6.8 Allied Health Professionals

There was no representative present.

7. AOCB

There were no items of AOCB raised.

8. Date of Next Meeting

There being no other competent business, the Chair closed the meeting.

9. Date of next meeting

The next meeting would be held on Thursday 14 November 2024 at 6.15 pm via MS Teams.

DRAFT

Item 8.6 Minute of the Area Partnership Forum meeting held on Tuesday 27 August 2024 at 2 pm, Boardroom, Carseview.

Present: Robert Clark, Employee Director (Chair)
Elaine Bell, Associate Director of HR (Operational, Staff Governance, Occupational Health & Workforce Information)
Elaine Macdonald, HR Services Manager
Emma Small, RCN FV Rep
Frances Dodd, Executive Nurse Director
Garry Fraser, Director of Acute Services
Janet Sneddon, RCN
Julie McIlwaine, HR Service Manager, Operational HR
Karen Goudie, Director of Nursing
Kevin Reith, Interim Director of HR
Laura Byrne, Director of Pharmacy
Linda McGovern, Associate Director of Human Resources (Organisational Development; Learning Training and Development; Culture & Quality and Diversity)
Michael Brown, Head of HR Resourcing
Nicholas Hill, GMB Representative
Scott Urquhart, Director of Finance
Tom Cowan, Interim Head of Primary Care

In Attendance: Eilidh Gallagher Head of Person-Centred Care
Hilary Sinclair, RCN (Observer)
Sarah Smith, Corporate Services Assistant/PA (minute)

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1. Apologies for Absence/Confirmation of Quorum

Introductions were undertaken with new members welcomed. Apologies were noted on behalf of: Amanda Croft; Charlie McCarthy; Gillian Morton; Gillian Tait; Greig Kelbie; Jennifer Borthwick; Julie Mitchell; Karen Goudie; Karren Morrison; Kevin Bye; Linda Robertson; Lynsey Walker; Morag Farquhar; Oriane Johnston; Thomas French.

It was confirmed the meeting was quorate.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 23 July 2024

The note of the meeting held on was approved as an accurate record.

4. Action Log

The action log was reviewed and would be updated as follows:
44 – Delegated authority for Dismissal Hearings - Elaine Macdonald advised a list of delegates was required from Karren Morrison. Training for dismissing officers would then commence with embedding into business as usual within the HR Operational Training package.
47 – Worksmart Steering Group – Staff side representative still required.
49 – Job Evaluation figures - to be issued in advance of next meeting.
51 – Job descriptions B2/B3 – Professor Dodd confirmed outstanding action was whether B2 Nurses could carry out enhanced observations. Conversation with Karen Goudie and Stirling University.

DRAFT

53 – International Recruits – Linda McGovern advised Short Life Working Group had been set up to look at Job Train processes, including International recruits and AI completed applications. Noted initial action had been around experiences of non-NHS international recruits within Care Homes. Staffing responsibility was with Care Inspectorate, but patient care was NHS. Discussion to take place around potential input from Care Home Support Team.
54 – Annex 21 Agreement had been reached with individual cases to be reviewed. Date for completion to be confirmed.
55 – Agenda for Change – to be carried forward.
57 Reduced Working week – APF date to be confirmed
59 – COMPLETE
61 – NMAP Workforce Governance – carry forward to October meeting.
63 – Partnership Working on Intranet – On Agenda
64 – APF Session on Partnership Working – Carry forward to October meeting
66 – Protected Learning – On Agenda
67 – Agenda for Change – Complete
68 – Employee Director Group Update – Carry forward to October meeting.
69 – Once for Scotland Policies – Comms currently being reviewed

5. Matters arising from the minute/action log

There were no matters arising from the minute or action log.

6. Assurance & Improvement Plan Escalation Update

The Area Partnership Forum received a verbal update on the Assurance and Improvement Plan Escalation, led by Mr Kevin Reith, Interim Director of Human Resources.

An Escalation Performance and Resources Committee was held on 14 August 2024 to review the remaining actions against the plan. Version 4 of the plan would be presented to the Assurance Board on 5 September 2024.

In terms of the outstanding Leadership aspect, consolidation work had been undertaken across the Executive to ensure effective working. Work was also ongoing to consolidate a number of posts of substantive Directors at Executive level to enable formalisation of interim reporting arrangements across the executive group. The Remuneration Committee were overseeing this work.

The Culture Change Programme was outlined, with work undertaken to identify outstanding items and share diagnostic feedback. Focus had then progressed to developing a programme of work in response to the feedback received. Extensive work had been undertaken with staff and the Programme Board had reviewed an initial pan. A presentation on the latest activities had also been shared with the NHS Board in July and a high-level evidence report.

Assurance was provided to the APF that the initial areas of focus would be around the staff priorities. This would be returned to the Senior Leadership Team to ensure full commitment to resource and support.

Mr Robert Clark confirmed the Chair of the Assurance Board, Christine McLaughlin, had requested a meeting with staff side colleagues. Work was underway to establish a suitable date.

7. FOR APPROVAL

7.1 Volunteering Strategy

The Area Partnership Forum considered a paper ‘Volunteering Strategy’ presented by Eilidh Gallagher, Head of Person Centred Care.

DRAFT

A brief background was provided noting that all directly employed volunteers had been stood down during Covid. The aim outlined in the paper was to look at re-establishing these roles to enrich benefits for patients and the local communities.

The Strategy outlined, was intended to build employability links to get young people to volunteer and develop career avenues. Focus was built around the wider volunteering commitments, such as the volunteer charter with aim of achieving Investors in Volunteering accreditation for NHS Forth Valley. Target date was the end of the first 3 years, recognising the measurements that would be required.

Governance for the proposals would be through the Volunteer Steering Group with oversight into the APF. Feedback from other Boards highlighted the benefit of having a local manager to provide support for individuals and create wider opportunities. This post had been identified within the Strategy.

Funding would be covered within the existing Person-Centred Care budget with expenses cover through Best Practice Framework issued by HIS. Included in this funding was a £3k cost for Team Kinetic, a volunteer management system. However, during discussion, Michael Brown confirmed the current Allocate system would meet these requirements. Potential infrastructure and access issues were recognised, with an individualised approach required. Eilidh Gallagher noted the benefit of the additional manager post in this area.

Assurance was provided to the APF that these roles would not replace paid jobs and were there solely as an enriching benefit for communities, staff and patients.

The clear alignment with the Anchor work was also recognised, in providing employment access routes for people of all ages. Work was ongoing with Scottish Government to identify opportunities for people younger than 16.

The Area Partnership Forum approved the Volunteering Strategy, recognised this would be across the whole organisation.

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum received a Quarter 1 Finance Report presented by Scott Urquhart, Director of Finance.

A Board Seminar had been held this morning with a focus on Finance. This had been followed by the Performance and Resources Committee where the financial position had also been discussed.

The circulated report outlined an exceptionally challenged position, noting a monthly overspend of just under £3m. If this trajectory continued an overspend of around £35m could result with a brokerage loan requirement from Scottish Government.

A formal Quarter 1 meeting had taken place with Scottish Government to discuss the organisation's financial position and risk. A letter had been received that outlined a number of actions to be taken forward in advance of Quarter 2. This had been reviewed at the financial seminar meeting this morning. The main points were noted as a reduction/deferment of any uncommitted spend. Vacancy control was also highlighted, with assurance provided to the Forum that this was not a vacancy freeze. Rather, a vacancy panel would be established to provide additional scrutiny to any vacancy across NHS Forth Valley. This would be separate to the existing controls. Work was ongoing with key colleagues to determine criteria/requirements.

Comms would be issued to all budget holders to provide clear direction around non-essential discretionary spend. Comments were currently being provided prior to release.

DRAFT

The main areas of saving would be from a further reduction in contingency beds, noting a current decrease of 50. The release of additional beds would reduce pressure on staff and help support supplementary spend levels. Significant work had already been undertaken in this area with agency costs reduced significantly. The need for sustainment was recognised.

A number of actions had emerged from this morning's seminar, which were focused around development of a longer term finance action plan, for 2024 and beyond.

In terms of workforce, a significant nursing intake had been recruited which should satisfy current vacancies. It was however recognised that further work was required around absence management issues, with this being an underlying driver.

Several contingency beds had been reopened and clarity was sought around plans to address. Mr Garry Fraser noted the Board's position remained that treatment rooms would not be utilised as contingency areas and this would be adhered to wherever possible. Whole System working was being undertaken in relation to improving flow and utilisation of Your Home First.

9. BETTER WORKFORCE

9.1 Falkirk HSCP – Leadership Structure Review Progress Update

The APF received a paper and presentation circulated by Ms Gail Woodcock, Chief Officer for Falkirk Health and Social Care Partnership.

A brief background was provided noting the current leadership structure required a review. A co-production piece of work had been undertaken with the extended leadership team. Assurance was provided that the new structures were in alignment current resources. The paper outlined the 5 principles which had been co-designed over a number of sessions and feedback welcomed from colleagues.

A direction of travel document had been prepared and shared with staff side and Union colleagues to obtain feedback. This would be incorporated within the next iteration of the plan. The intention was for a realignment of the leadership structure which would retain the current four heads of service posts. These were outlined, noting areas of responsibility. Reporting into these roles would be a number of leads. Current vacancies were noted.

Work was currently out for formal consultation with a number of staff sessions being held with opportunities for IJB, Board and Union members to attend. This was a 30 day process, which would be followed by a finalisation of the job roles for the 4 Heads of Service. This was aim for completion by end of October 2024. For the lead roles, aim was to undertake a 'match and slot' with existing posts with aim to conclude prior to Christmas 2024.

The APF noted the update.

9.2 Agenda for Change Pay Review – Update
9.3 Attendance Management

The APF had received a paper presented by Elaine Bell, Associate Director of Human Resources. This covered the 3 aspects of Agenda for Change, namely reduced working week; Band 5 Nursing review and protected learning time.

Reduced working week – In terms of non-registered staff, the backstop date was 31/08/24 with 98% completion. For rostered staff, the backstop date was 30/11/24 and position was 81%.
A Q&A session had been held 23/09/24 which had been well attended. Feedback was provided around key discussion points. Challenge remained around Serco, with discussions ongoing.

In order to minimise any financial impact on benefits, alternative payment structure was being made for any part time staff affected.

Band 5/6 Nursing Review – an update was provided by Michael Brown. He noted a project lead had been appointed and would take up post in September. In terms of the job analysis questionnaire this was noted to be a significant document and only 9 completed reviews had been received to date. Assurance was provided this was not a time limited process. Awareness sessions were being held with a Short Life Working Group established. Expectation was that by the end of September, Nick Hill and Julie Mitchell would be asked to review the first tranche of applications. It was recognised an additionality of staff had been trained as job matchers.

Protected Learning Time – Linda McGovern provided an update, noting ongoing national work was impacting on local group progression. It was noted that several Boards were currently utilising SSTS to log learning time and further information was being sought. The importance of logging training was recognised. A paper would be brought to the next APF meeting which would outline the key roles and immediate actions. **Action: Linda McGovern**

Clarification was provided around the financial position, noting a £10m allocation for the entirety of the work. For the reduced working week, Scott Urquhart advised of continued month on month reduction, with a total cost impact for the 1st quarter of £23k, with continued reduction anticipated.

The APF reflected on the positive examples of partnership working within the organisation.

9.2 Promoting attendance

The Area Partnership Forum received a paper presented by Elaine Bell, Associate Director of Human Resources, around promoting attendance.

The latest figures for July 2024 reported an increase from 7.49% to 7.72% in July 2024. Contributing factors were noted as an increase in Covid related instances. Forth Valley did remain above the national average at 7.16% and in June were the highest mainland Board in Scotland.

The main paper was then discussed noting a 1% increase on the absence position from the previous year. Clackmannanshire and Stirling saw the highest increase moving from 7.45% to 8.47% in June 2024. An increase was also being seen around stress/anxiety and depression. Elaine Bell confirmed a further meeting had taken place with Active Futures with work being taken forward. Garry Fraser outlined the work being undertaken through the Oversight Group noting this was at an early stage. This confirmed a whole system approach was being undertaken to ensure staff were supported to return to work.

Kevin Reith summarised the overall position, advising Eileen Love would be taking up the role of Occupational Health Lead. She was coming from outwith the NHS and had a number of suggestions and proposals. A reduction in wellbeing funding was also noted. Ms Goudie outlined the role of a sickness absence senior nurse outlining the purpose and benefit. Mr Fraser agreed this could be taken forward through the Absence Management Group to determine possibilities.

Mr Robert Clark advised he had highlighted to the Executive Leadership Team the need to remember that the staff were also members of the public and therefore potential patients of our services. If these did not operate effectively and timeously, then this could have an impact on staff return to work and service provision.

10. FOR NOTING

10.1 Closure of unfunded contingency beds (taken after Item 8.1)

DRAFT

The Area Partnership Forum received a paper around Closure of unfunded beds, presented by Mr Garry Fraser, Director of Acute Services.

Mr Fraser highlighted the trajectory within the paper, noting the aim to close 60 contingency beds by the end of September 2024. The current position was 55. As a result of the closures and increase had been seen in morale, making a safer environment and reducing the need for additional staffing. Ongoing focus remained to remove the remaining beds with plans in place.

It was however noted that high usage was still being seen at the front door, with pressures through the Emergency Department, Acute Assessment Unit and Clinical Assessment Unit. Focus was on maintaining flow through the system.

Concern was noted around the pressure simply being moved across the system, as it had been highlighted patients were being bedded in the ED overnight. Mr Fraser outlined the work with partners to reduce patient's journey through the system. Anecdotal information showed an increase in patients across Scotland through ED and identified the need for work at a Community level.

Assurance was provided that a log of boarders was being maintained and early intervention was in place for any inappropriately located patients. A request for vigilance was noted with staff being encouraged to maintain reporting through the IR1 system. This action welcomed by the APF noting it was reflective of the openness and culture change within the organisation. The need to submit reports of positive work was also identified. Mr Fraser confirmed all IR1s were reviewed within 24 hours through the morning huddles. Professor Dodd advised she had been on call recently and noted a sustained impact within ED.

The APF expressed their thanks to Mr Fraser and his team for their continued work in this area.

10.2 APF Website update

A verbal update was provided by Mr Robert Clark, noting the aim for an APF page on the Intranet with eventual expansion to include local Partnership Forums. This would highlight issues of discussion and enable staff involvement and influence. Work was at an early stage, with an up to date list of 'management roles' being compiled. It was proposed this work be paused until the new Chief Executive, Ross McGuffie was in post.

The need for a revisitation of the Partnership agreement was required noting this work was almost complete.

10.3 Circulars and Policies

The APF had received a list of circulars and policies led by Mr Robert Clark. These were summarised and noted by the Forum.

11. ANY OTHER COMPETENT BUSINESS

Janet Sneddon outlined a recent incidence where a car had caught fire. A positive response was noted by Serco Security. This however had again highlighted issues around car parking, noting a number of cars parked within the turning circle at FVRH. This included a number of staff. Mr Fraser highlighted the role of the forthcoming Car Parking Group and advised previous comms around the turning circle, with further information to be circulated. Some negative behaviours were noted when patients and staff were challenged. APF confirmed their support for sensible parking throughout the NHSFV estate.

Discussion took place around the frequency of the Area Partnership Forum with proposal this be moved to every 2 months. This was agreed, noting the next meeting would take place in October 2024. It was agreed that meetings for 2025 would be aligned with the refreshed governance cycle.

DRAFT

The role of the Acute Group was also noted in providing a route for escalation. This would continue to operate monthly.

It was confirmed the September meeting date would be utilised for Staff Side to meet with Christine McLaughlin.

12. DATE OF NEXT MEETING: Tuesday 18 June 2024 @ 2 pm, in the Boardroom, Carseview

There being no other competent business, the Chair closed the meeting at xxxx hours.

DRAFT

Approved Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 7 August 2024, in the Boardroom, Carseview House, Stirling**

PRESENT

Voting Members

Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Jim Thomson, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members
David Williams, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Robert Clark, Employee Director, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling
Lorraine Robertson, Chief Nurse HSCP
Narek Bido, Third Sector Representative, Clackmannanshire
Julie Morrison, Union Representative, Stirling

Advisory Members
Lesley Fulford, Standards Officer
Caroline Sinclair, Chief Executive, Stirling Council

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Michael Grassom, Interim Chief Social Work Officer, Stirling Council
Sandra Comrie, Business Support Officer (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, extending a warm welcome to Caroline Sinclair, the new Chief Executive of Stirling Council.

Mr Rennie explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Councillor Gerry McGarvey (Chair), Stirling Council
Amanda Croft, Interim Chief Executive, NHS Forth Valley
Councillor Rosemary Fraser, Stirling Council
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Paul Morris, Carers Representative, Clackmannanshire
Nikki Bridle, Chief Executive, Clackmannanshire Council

2. NOTIFICATION OF SUBSTITUTES

Councillor Jim Thomson attended as a substitute for Councillor Rosemary Fraser

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. DRAFT MINUTE OF MEETING HELD ON 19 JUNE 2024

The draft minute of the meeting held on 19 June 2024, was approved, with the following amendments:

The text in paragraph 3, page 9 was not an accurate reflection of Mr Fairbairn's comment, this has been amended accordingly.

Mr Stuart asked if there were any updates on the progression of integration and whether Mr Williams had written to the Chief Executives of the constituent authorities. Mr Williams explained that the discussion at the meeting on 7 August 2024 was regarding the report on integration which the Chief Executives from constituent authorities would be working on together, he confirmed any issues of concern for the IJB will be discussed at future IJB meetings.

5. ACTION LOG

Timescales were updated for actions relating to reports 6 and 7.

Mr Fairbairn suggested there is an update at each meeting to show how the IJB are measuring performance against the implementation of Directions.

6. CASE STUDY

The case study story linked in with the ADP Commissioning paper which was on the agenda.

Mr Williams introduced a short film featuring Sheila and Martin, a couple who were describing their experiences of support received from Scottish Families, following the passing of their son. The film highlighted the importance of early preventative intervention and recognised the support they received from their local community, particularly from the voluntary sector.

7. CHIEF OFFICER UPDATE

Mr Williams provided a verbal update to the IJB.

Mr Williams highlighted the key messages from the recent Accounts Commission report, relating to increasing levels of demand and growing level of unmet need, which the Clackmannanshire and Stirling IJB are currently facing. As growth in demand continues this financial year, there are currently some stringent grip and control measures in place.

The monthly Senior Resource Allocation Group have been considering the complexity of care packages for adults with learning disabilities and mental health related issues. A Learning Disability Commissioning paper, which we expect to bring to the IJB on 02 October 2024, will highlight the arrangements in place for the monitoring of complex needs coming into the system.

Mr Williams referenced the findings of a national report on IJB Finance and Performance by the Accounts Commission, which stated they have not seen significant evidence of the shift in the balance of care from hospitals to community and recognise the need for whole system collaborative working.

The Committee agreed that unless collaborative working is in place, the whole system will become unsustainable. Mr Rennie suggested that the appendix in the Accounts Commission Report, relating to suggested questions for IJB members to ask, should be sent out to all members to review.

Mr Williams provided an update on the review of the integration scheme for both Clackmannanshire and Stirling and Falkirk IJBs. He confirmed Vivienne Davidson is coordinating the work on behalf of the Chief Executives from the constituent authorities. The next step will be a presentation to the four Chief Executives, which will then be presented to the Health Board and Councils for consultation and then approval prior to be being submitted to the Cabinet Secretary for Health and Social Care. The timeline for approval is the end of the financial year.

Mr Williams and IJB colleagues visited some frontline services over summer, and, over the next few weeks, they will reflect on whether the IJB is getting the best value for money from some of the services that are commissioned by the IJB. The Board agreed it would be helpful to look more strategically at the usage of buildings and accommodation across the system.

It was agreed at the IJB meeting on 26 March 2024 to develop a Strategic Commissioning Plan for Palliative and End of Life Care. This was due to be brought to the IJB on 2 October 2024, but Mr Williams confirmed that this has now been scheduled for the 20 November 2024 meeting.

8. ADP COMMISSIOING

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The paper linked directly to the programme of commissioning which was agreed by the IJB in November 2023. Ms Forrest explained there were challenges around the financial position and the Scottish Government National Drug Mission funding position will come to an end in 2026. The funding was intended to be a transformational fund, addressing the need to change the system and the level of support required by people, whilst being focussed on early intervention and prevention.

Dr Brennan has been involved with the primary care proposal, looking at how to move into communities and provide people with accessible and localised access to primary care services. She explained there needs to be a significant change on how services are delivered, with the focus being on ensuring money is being spent in the right way. The proposal has been shared with the Strategic Planning Group and with Locality Planning Networks, as well as forums of people with lived experience and their representatives, to enable people to understand the rationale behind the changes.

Following discussion, the Board agreed it would be helpful to see a service user journey and lived experience consultation, these would give people in the community an opportunity to see the positive changes and the cost savings being made. They also agreed that there needed to be more clarity on how the finances are being used, with regular reviews in place. It was agreed that a financial risk assessment should be carried out and brought to a future IJB meeting.

The Integration Joint Board:

1) **Noted the engagement activity across all stakeholders including those with a lived experience as well as providers of care, support and treatment.**
2) **Agreed the proposed programme of commissioning against the tiered model of care, support and treatment.**
3) **Agreed the development of a model of specialist substance use care and support aligned to low-intensity Primary Care focused delivery.**
4) **Issued Directions as set out at the end of the paper.**

9. FINANCIAL REPORT

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The finance report contained the first full set of projections for the current financial year. Mr Murray confirmed the projection scenarios set out in the report were concerning, and significant further traction and action was required. There was a requirement for continued focus on the delivery of the approved savings programmes and to fully exit from all unfunded provision as rapidly as possible. Whilst the aim was to maximise delivery of planned savings, with the objective of achieving the most optimistic scenario, significant challenges remained.

There have been concerning recent increases in prescribing volumes which were the key driver of increase in spend in primary care prescribing, the report included information on the impact of the Pharmacy First service and of how it is driving an increase in cost and volume of items dispensed.

The report provided details of the projections on spend across the set aside budgets, the progress of the transformation and savings programme and the key control actions in place for assurance.

The level of projected overspend remains a significant concern for the IJB and constituent authorities. Key points in terms of financial recovery have been discussed with managers, who agreed the approach to recovery requires to be plan A+. Mr Murray explained the integration scheme required himself, the Interim Chief Officer and the Director of Finance and Section 95 Officers from the constituent authorities to agree a recovery plan to bring to the IJB on 2 October 2024, along with an updated set of projections.

Although the Board recognised there were changes in place, they were also looking for assurance that hard work will be ongoing on the cost savings plans. Mr Murray provided an update on the work carried out at the Transformation Progress Meeting on 6 August 2024 and discussed the ongoing issues with Pharmacy First costs.

The Integration Joint Board:

1) **Noted the projected outturn scenarios based on financial performance to Quarter 1 (Section 2)**
2) **Noted the Integrated Finance Report including narrative on areas of significant variance and update in respect of the Set Aside Budget for Large Hospital Services. (Sections 3 and 4)**
3) **Noted the Transformation and Savings Programme progress (Section 5 and Appendix 1)**
4) **Noted and drew assurance from the key control actions in place. (Section 6)**
5) **Noted and endorsed the proposed approach to budget recovery (Section 7)**

6) **Noted the update in relation to Scottish Government allocations (Section 8)**
7) **Agreed that a fuller financial recovery plan be brought back to the IJB meeting of 2 October agreed with the Interim Chief Officer and Chief Finance Officers of the constituent authorities per the requirements of the Integration Scheme**

10. QUARTER 1 PERFORMANCE REPORT

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

This was the first quarterly report based on the new integrated performance framework, agreed at the meeting on 26 June 2024, which was based on movement towards more focussed performance indicators linked to the priorities. Ms Forrest confirmed that the reporting information continues to be developed using all the systems across all the constituent authorities.

The report also contained information about previous performance and the more detailed information around the narrative was still work in progress. Ms Forrest explained information would start to be benchmarked in terms of local government and she was looking at how to draw some comparators out about how this will come together. Ms Forrest and Mr Murray are working together to align the performance indicators against the finances to ensure money is being used to achieve best value.

Locality Planning updates were included in the report, the Strategic Planning Group will have scrutiny and oversight on the key actions agreed at the Locality Planning Networks for regular quarterly reporting.

Mr Williams provided an update on whole system working within the HSCP. He confirmed the Clackmannanshire & Stirling and Falkirk HSCPs were working together looking at performance in relation to numbers. A Standard Operating Procedure has been put in place to set out the best way to remove unfunded beds, this will assist in bringing the numbers down over the next few weeks with the aim to remove all by end of September.

The Board discussed the reduction in numbers for support being accessed from the two Carers Centres, Ms Forrest explained the new types of support available, and the different ways people were accessing these services, she confirmed carers were no longer reliant on accessing the carers centre as other options were available.

Councillor Earl asked whether there were areas where information was still to be worked on. Ms Forrest explained that she was working with Mr Murray to identify areas where they do not currently have indicators on budget lines.

The Integration Joint Board:

1) **Reviewed and considered the content of the Report.**
2) **Noted the management actions identified and taken to address the issues identified where performance needed to be improved.**
3) **Approved Quarter 1 (April to June 2024) Executive Summary (Appendix 1). report (Appendix 2)**

11. DRAFT REVISED STANDING ORDERS

The IJB considered the paper presented by David Williams, Interim Chief Officer.

Mr Williams thanked the Board members for the responses he received on the revised Standing Orders. He confirmed that his suggested changes were in line with the Standing Orders for membership as set out in the 2014 legislation.

On the basis the Standing Orders were approved, Mr Williams welcomed suggestions for additional memberships beyond the membership set out These should be emailed to him by the end of August.

Mr Fairbairn questioned whether the IJB should be discussing standing orders as he believed it was a matter for the Integration Scheme review.

Mr Williams agreed with Mr Fairbairn that he was technically correct. However, he suggested that the Integration Scheme should not have set out the membership of the IJB beyond the numbers of Councillors and non-Executive Directors in the first place, the revision currently being produced will correct this; by the time the revised Integration Scheme is laid before Parliament it will be five years beyond its lawful review date; and none of the Parties nor the IJB has actually adhered to what the Integration Scheme set out in its membership. He highlighted that the Standing Orders were a matter for the IJB in terms of how it conducts itself and what its membership should be. Mr Williams suggested that the IJB should take the opportunity to be proactive with the revision of the Standing Oders including the membership sooner rather than later.

Mr Fairbairn asked that his disagreement with the approval of the amended standing orders be noted.

The Integration Joint Board:

1) **Approved the amended Standing Orders set out at appendix 1.**

12. DRAFT TOR FOR IJB AUDIT, FINANCE AND PERFORMANCE COMMITTEE

The draft Terms of Reference (ToR), for a new combined Audit, Finance and Performance Committee, was discussed at the IJB on 19 June 2024.

As the IJB will be meeting more frequently, the ToR sets the context for a new combined Committee with a need to ensure the Committee can effectively support effective governance arrangements for the IJB.

The Board discussed the potential risk of duplication of considerations of papers, at the Committee and the IJB, and the clarity of the wording regarding the Chair of the Committee. As the new membership would not commence until January next year the Board agreed that a draft workplan and timetable should be brought to the IJB meeting on 2 October 2024 for further discussion and consideration.

The Integration Joint Board:

1) **Approved the establishment of a combined Audit, Finance and Performance Committee, subject to a workplan and proposed timetable being brought to the 2 October meeting.**
2) **Considered and approved the draft terms for reference for a combined Audit, Finance and Performance Committee**

13. IJB AND COMMITTEE DATES 2025/26

The IJB considered the paper presented by Lesley Fulford, IJB Standards Officer.

Ms Fulford asked the Board to approve the Programme of Meeting Dates for 2025/26 and agree on the additional date, 29th January 2025, being added to the current year's schedule.

The Committee agreed that if the new Audit, Finance and Performance Committee commences next year, the meeting dates would replace the agreed dates for the Audit and Risk Committee.

The Integration Joint Board:

1) **Noted the content of the paper**
2) **Approved the proposed Integration Joint Board programme of meeting dates for 2025 / 2026 set out in paragraph 2.1.**
3) **Approved 29 January 2025 as an additional meeting date to the current cycle.**
4) **Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2025 / 2026 set out in paragraph 3.1.**
5) **Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2025/2026 set out in paragraph 4.1.**

14. DRAFT REVISED RISK MANAGEMENT STRATEGY

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer

Work to review the Risk Management Strategy has been ongoing for some time and this is now being supported by Vicky Webb, Risk Management Advisor.

The IJB Audit and Risk Committee considered the draft revised Risk Management Strategy at the meeting on 26 June 2024, and subject to a small and minor number of revisions, agreed to recommend to the IJB for approval.

Mr Murray explained that the Strategic Risk Register was being restructured and will be presented to the Audit and Risk Committee on 18 September 2024 and thereafter the IJB on 2 October 2024, in its revised format. This will align to the Risk Management strategy and seek to more clearly reflect the strategic risks of the IJB.

Mr Rennie referred to learning and development of the Risk Management Strategy for colleagues. The Board agreed that this should be done alongside colleagues from constituent authorities to avoid any duplication for people.

The Integration Joint Board:

1) **Noted the content of the paper**
2) **Noted the recommendation of the IJB Audit and Risk Committee**
3) **Considered and approved the draft revised Risk Management Strategy incorporating Risk Appetite Statements**
4) **Agreed that the Risk Management Strategy be further reviewed no more than 2 years from the date of approval.**

16. FOR NOTING

Minutes

a. **Strategic Planning Group – 12.06.2024**
b. **Audit & Risk Committee – 26.06.2024**

23. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

24. DATE OF NEXT MEETING

02 October 2024

Minute of hybrid meeting of the Integration Joint Board held within **Forth Valley College (Grangemouth Road, Falkirk, FK2 9AD) – Falkirk Campus, Steeple Suite, First Floor** on **Friday 28 June 2024** at **9.30 a.m.**

Voting Members:	Councillor Jim Flynn Gordon Johnston Councillor Anne Hannah Stephen McAllister (Vice Chair) Michele McClung
Non –voting Members:	Margo Biggs, Service User Representative Robert Clark, Staff Representative, NHS Forth Valley Ian Dickson, Third Sector Representative Frances Dodd, Nurse Representative Carol Ann Harrower, Carer Representative David Herron, GP Representative Marie Keirs, Chief Finance Officer (Items IJB6 and IJB7) Sara Lacey, Chief Social Work Officer (Item IJB8 and IJB10) Victoria McRae, Third Sector Interface Roger Ridley, Staff Representative, Falkirk Council Gail Woodcock, Chief Officer (Item IJB5)
Also Attending:	Jennifer Borthwick, Director of Psychological Services (Item IJB12) Michelle Campbell, Personal Assistant Caroline Doherty, Head of Integration Jennifer Faichney, Policy and Research Officer (Item IJB11) Lesley Macarthur, Partnership Funding Co-ordinator (Item IJB9 and IJB11) Calum MacDonald, Performance & Quality Assurance Manager (Item IJB13) Jim Millar, Committee Officer Paul Surgenor, Communications Officer (Items IJB11 and IJB14) Paul Smith, Senior Planning Manager, Strategic Planning Team, NHS Forth Valley (Item IJB12) Martin Thom, Head of Integration (Item IJB8)

IJB1. Apologies

Apologies were submitted on behalf of Councillor Collie, Amanda Croft and Kenneth Lawrie.

IJB2. Declarations of Interest

There were no declarations of interest.

IJB3. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 22 March 2024.

IJB4. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 22 March 2024 was provided.

Decision

The Integration Joint Board noted the Action Log.

Victoria McCrae joined the meeting during consideration of the following item.

IJB5. Chief Officer Report

The Board considered a report by the Chief Officer which provided an update on current developments within the Falkirk HSCP. The Board had previously agreed key areas of work that should be undertaken and the report provided updates on the following activities:

- HSCP Service Update;
- NHS Forth Valley Update;
- IJB Financial Update;
- Review of the Integration Scheme;
- National Care Service Update;
- Correspondence, and
- Publications.

The Board asked, in relation to support for carers when discharging from hospital, what steps could be taken to identify carers and improve the communication around available support. The Chief Officer acknowledged the importance of identifying carers in the discharge process, and thanked the carers representative for outlining this area for improvement. They added that further discussions with carers would continue to better understand the concerns.

The Board noted the Care Inspectorate care inspection report relating to the Mobile Emergency Care Service and asked what actions had been undertaken to improve results. The findings of the inspection were:

- How well do we support people's wellbeing (3 – Adequate)
- How good is our leadership (4 – Good)
- How good is our staff team (3 – Adequate)
- How well is our care and support planned? (4 – Good)

The Head of Integration (C Doherty) advised that an ongoing improvement plan, which had been developed following the recommendations of the inspection, had been implemented and that it was expected that this would lead to an improved service.

Following a question, the Chief Officer acknowledged that to improve performance related to hospital discharge, further discussion was required with General Practitioners. The Board added that a solution to the performance relating to hospital discharge would require a resource implication.

Regarding the National Care Service update, the Board noted that, at paragraph 8.3 of the report, the Scottish Government would be sending the Stage 2 draft amendments to the Health, Social Care and Sport Committee. It added that it understood that this information regarding the draft amendments was now available. The Chief Officer acknowledged that information had become available since the publication of the agenda, and that any updates on the impact for Integration Joint Boards would be provided at a future meeting.

Decision

The Integration Joint Board noted the report.

IJB6. 2023/2024 Finance Report

The Board considered a report by the Chief Finance Officer which provided a high-level summary of the 2024/25 financial position to 30 April 2024, including consideration of new and emerging risks.

Limited forecast information was available from partners, therefore the position noted would not reflect the ongoing pressures. The 2024/25 annual budget amounted to £298.498m (comprised of £256.559m in respect of the integrated budget and £41.939m in respect of the set aside budget). Some of the budget allocations related to the 2024/25 savings plan were yet to take place and this would improve the position.

Significant savings were required to be identified over the coming years to balance the revenue budgets, whilst demand on Health and Social Care services continued to increase, leading to a greater challenge in managing

the financial position. The business case for 2024/25 had been approved in March 2024 and confirmed a budget gap of £18.429m. A savings plan had been approved, however £4.090m of savings identified were non-recurring, therefore longer term sustainable solutions were required to be identified as a priority. A further £7.132m of the savings had been RAG rated red and were at high risk of not being achieved. There was an ongoing risk in relation to financial sustainability with work relating to the transformation of services required as a priority.

An overspend of £0.199m on the integrated budget and an overspend of £0.836m on the set aside budget had been reported for the first month of the financial year. A number of budget allocations were still to take place which had been reflected in the year-to-date position on the integrated budget. The use of £3.522m brought forward reserves per the 2024/25 savings plan, which equated to £0.294m per month, was provided as an example.

Amendments to the Directions, to reflect the 2024/25 budget as at 30 April 2024, had been attached at appendix 1 of the report.

The Board asked, in relation to the phased reduction to a 36 hour NHS working week, whether the reduction in hours had a cost impact. The Chief Finance Officer acknowledged that anecdotally there was suggestion that some hours were being worked as overtime which would increase costs, however they added that the forecasts were not available to confirm this.

The Board emphasised that, due to budget overspends, difficult decisions regarding service savings must be looked at more closely. The Chief Finance Officer advised that this work had started, and that an action plan had been implemented.

Decision

The Integration Joint Board:-

(1) noted the significant challenges to the IJB budget with pressures on set aside and prescribing alongside new and emerging issues as outlined throughout the report;

(2) noted the year-to-date budget overspend of £0.199m reported against the integrated budget and overspend of £0.836m against the set aside budget as at 30 April 2024;

(3) noted that some budget allocations were to be processed which would improve the year to date position on the integrated budget in the meantime;

(4) noted that forecasts were not available at the early stage in the year, and

(5) authorised the Chief Officer to issue revised directions to Falkirk Council and NHS Forth Valley as per the Directions summary provided at appendix 1 of the report.

IJB7. 2023/24 Draft Financial Outturn

The Board considered a report by the Chief Finance Officer which provided an overview of the draft financial results for 2023/24 (subject to audit). The unaudited accounts had been considered by the Audit Committee on 18 June 2024.

An overspend of £2.606m was reported for 2023/24 against core operational service areas under the integrated budget. An overspend of £7.875m was reported against the set aside budget. Closing reserve balances for 2023/24 were expected to be in the region of £21.261m. This represented a decrease of £7.568m in the year. £2.659m of Service Pressure Reserves would be released to fund part of the Social Care overspend as approved by the IJB in March 2024. It was proposed that the balance of £0.755m required to achieve break even within Social Care would be taken from the General Reserve. The net underspend of £0.808m between Primary and Community Care would be credited to the General Reserve.

Amendments to the Directions to reflect the 2024/25 budget as at 30 April 2024 had been attached at appendix 1 of the report.

The Board noted an underspend in relation to community health care, and asked for further information regarding the impact on service delivery. The Chief Finance Officer acknowledged that any underspend could impact on service delivery, and added that it remained important to bring savings through transformational change which did not have an adverse impact on service users.

The Board asked, referring to paragraph 4.6 of the report, for the cost value of Buvidal. The Chief Finance Officer advised that this information was not available but could be provided after the meeting via email. The Board noted that the Scottish Government had stopped funding Buvidal and asked whether feedback on budget pressures had been discussed with the Scottish Government. The Chief Finance Officer advised that these discussions were ongoing.

Decision

The Integration Joint Board:-

(1) noted the draft outturn for 2023/24;

(2) noted that the unaudited accounts were considered by the Audit Committee on 18 June 2024;

(3) noted that the £0.808 net underspend in Health Services between Primary and Community Healthcare would be credited to the General Reserve;

(4) approved the use of £0.755m from General Reserve to fund the additional integrated budget overspend within Social Care, and

(5) authorised the Chief Officer to issue revised final directions to Falkirk Council and NHS Forth Valley for 2023/24 as per the Directions summary provided at appendix 1 of the report.

IJB8. Proposed Integration of Children's and Justice Social Work Services with Falkirk Health and Social Care Partnership

The Board considered a report by the Chief Social Work Officer which presented an update on the actions taken following the Council decision on 27 September 2023 to consider whether Children's and Justice Social Work correctly sat within Children's Services or whether, in due course, these services should be integrated into the Health and Social Care Partnership. This report also provided an update on the National Care Service.

The timeline for the National Care Service was:

- Scottish Parliament agreed the Stage 1 General Principles of the National Care Service Bill on 29 February 2024.

- The National Care Service Bill was at Stage 2, where MSPs could propose amendments to the Bill as introduced. The Scottish Government intended to amend the Bill at Stage 2 to reflect the shared accountability agreement reached between Scottish Ministers and COSLA Leaders, to remove provisions that would have allowed for the transfer of listed social care and social work functions and staff from Local Authorities to the National Care Service/Scottish Ministers.

- The Scottish Government had committed to sharing proposed National Care Service Bill amendments with Parliament in June 2024 with a full list of amendments and/or policy instructions for amendments with Local Government prior to publication.

- Given the proposed changes from Scottish Government to the National Care Service Bill, Parliament's Health, Social Care and Sport Committee had planned for an extended Stage 2 scrutiny process, including a further round of written and oral evidence. Though unclear, Stage 2 scrutiny activity was anticipated to commence in June 2024, extending into the autumn/early winter of 2024.

Regarding the proposed integration of services with the HSCP, an Integration Programme Board had been established and was supported by

the following subgroups with work having commenced in line with agreed Terms of Reference:

- Governance
- Workforce
- Finance
- Communications and Engagement

The Communication and Engagement Workstream had developed and delivered initial engagement sessions, targeting the Children's and Justice Services workforce alongside the Social Work Adult Service staff group working within the HSCP. These engagement events provided a high level overview of the work being taken forward by the Integration Programme Board and sub groups, and set out a proposed timeline for integration. In addition, there were opportunities for staff to ask questions and begin to consider the range of opportunities the integration of Children's and Justice Services into the HSCP could bring.

The Staff Representative, Mr Ridley, noted concerns with regard to the impact on staff following any restructure. He added that research showed that the integration of Children's and Justice Social Work Services would provide no overall significant benefit, and that during this transition there would be an increased workload for staff, and subsequent increase in stress and anxiety. The report noted that there may be employee concerns about any integration, and that the Workforce sub-group would crossover with the work of the Communication and Engagement Sub-Group to ensure that appropriate trade union and staff consultation/communication was ongoing.

The Carers Representative, Ms Harrower, advised that feedback from carers was largely positive.

Decision

The Integration Joint Board:-

(1) noted the position in relation to the proposed National Care Service;

(2) noted the progress in the work undertaken to take forward the integration of Children's and Justice Social Work with the HSCP;

(3) agreed that this work should continue to fuller engagement with staff and service users, and the formal consultation on the addition of the Children's and Justice Social Work functions to the Integration Scheme;

(4) agreed that the proposal for engagement and consultation would be that the services transfer with their current structures largely as they were;

(5) noted that there would be a report following consultation to Council and NHS FV Board, asking to agree amendments to the Integration Scheme, and

(6) noted there would be a further report to the IJB which sought formal agreement to the transfer of Children's and Justice Social Work services coming within the function of the IJB (subject to the outcome of the Integration Programme Board work).

Robert Clark left the meeting during consideration of the following item.

IJB9. Falkirk HSCP Annual Performance Report 2023/2024

The Board considered a report by the Senior Service Manager which presented the HSCP Annual Performance Report 2023/2024. This outlined how the Partnership had been working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes.

The Act obligated the Integration Authority to prepare a performance report for the previous reporting year and for this to be published by the end of July each year. For example, a performance report which covered the period 1 April 2023 to 31 March 2024 was required to be published no later than the end of July 2024.

Decision

The Integration Joint Board:-

(1) noted the draft Annual Performance Report 2023/24, and

(2) delegated authority to the Chief Officer, in conjunction with the Chair and Vice Chair, to approve the final report for publication by 31 July 2024.

IJB10. Alcohol and Drug Partnership Annual Reporting Survey 2023/24

The Board considered a report by the ADP Lead Officer which presented the Alcohol and Drug Partnership Annual Reporting Survey 2023/24 to Scottish Government.

The ADP had been required to submit an Annual Reporting Survey to Scottish Government according to the template provided by them. The submission date for the ADP Annual Reporting Survey was 28 June 2024 and required the ADP Executive and IJB approval.

The ADP Annual Reporting Survey had been presented to, and approved by, the ADP Executive Committee on 5 June 2024. ADP Annual Reporting Surveys were considered public documents and were expected to be held

online for viewing by the public. If approved, this would be published on the HSCP webpage to comply with this requirement. The ADP Annual Reporting Survey for Scottish Government had been attached at appendix 1 of the report.

The Board noted that the survey questions predominately focussed on drug-related activity rather than impact and asked whether impact had been assessed separately. The Chief Social Work Officer advised that the questions were prescribed by the Scottish Government, with local scrutiny on impact considered separately by the ADP Executive.

Decision

The Integration Joint Board approved the ADP Annual Reporting Survey 2023/24 for submission to Scottish Government.

Robert Clark joined the meeting during consideration of the following item.

IJB11. Communication Strategy and Participation and Engagement Strategy (2024 – 2027)

The Board considered a report by the Partnership Funding Coordinator, which presented a set of strategic documents that provided a framework for the Partnership's communication and engagement activities to support the implementation of the HSCP Strategic Plan.

The report outlined the:

- Communication Strategy 2024 – 2027;
- Participation and Engagement Strategy 2024 – 2027;
- Strategies Action Plan, and
- Participation Agreement.

The Board noted that communications had improved but emphasised that there remained occasions where this information was not reaching frontline workers.

Decision

The Integration Joint Board:-

(1) approved the Communication Strategy 2024 – 2027;

(2) approved the Participation and Engagement Strategy 2024 – 2027;

(3) approved the Action Plan outlining the implementation of both strategies, and

(4) noted the draft Participation Agreement.

The Board adjourned at 10:45am and reconvened at 11:00am with all members present as per the sederunt with the exception of Frances Dodd

IJB12. Forth Valley Mental Health & Wellbeing Strategic Plan

The Board considered a report by the Senior Planning Manager which sought approval for the development of a Forth Valley Mental Health & Wellbeing Strategic Plan.

There was a need for a new strategic plan for mental health & wellbeing that tackled existing, new, and emerging mental health needs of Forth Valley residents and their unpaid carers. Without a plan, there was a risk that these needs were not addressed effectively or consistently. Directions were provided at appendix 1 of the report.

The Board noted that the report largely focussed on secondary care services, and asked whether consideration had been given to including primary care services (education and third sector) within the scope of the Strategic Plan. The Director of Psychological Services acknowledged the importance of primary care services and that representations would be sought from these areas.

The Board noted the importance of feeding back to groups on the outcomes of any consultations. The Board emphasised the importance of including carer and service user voices in the drafting of the Plan. The Director of Psychological Services acknowledged the value in engaging these communities and added that the stigma surrounding the use of mental health services made this challenging.

The Board emphasised the importance of taking a preventative approach to mental health issues, while acknowledging the importance of mental health services for those who require them.

Decision

The Integration Joint Board:-

(1) approved the development of a Forth Valley Mental Health & Wellbeing Strategic Plan, and

(2) instructed the Chief Officer to issue the Direction to the Council and NHS as set out in appendix 1 of the report.

IJB13. Performance Monitoring Report

The Board considered a report by the Performance & Quality Assurance Manager which presented the Performance Monitoring Report March 2023 – March 2024.

The report provided a summary of key performance issues and had drawn on a basic balanced scorecard approach with a focus on exception reporting.

The Board noted the juxtaposition of high readmissions and high levels of delayed discharge and asked whether this accurately reflected the position in hospitals. The Performance & Quality Assurance Manager advised that there had been a change in the reporting of readmissions which had inflated the numbers reported, but that this was beginning to trend downwards. The Board added that the benchmarking framework indicated that the readmission rate was comparatively poorer than other areas. The Chief Officer acknowledged the performance and added that the value of benchmarking was that it highlighted the areas which required improvement, of which readmissions was one.

The Board turned to the homecare cost per hour (referenced on page 288 of the agenda) and noted the broad range of costs per hour presented across the country. It noted that the report stated that this indicator should be interpreted with caution due to the difference in approach to collating data and asked whether a standard approach could be implemented. The Performance & Quality Assurance Manager advised that this information had been fed back to the Improvement Service with a request to standardise the definition. The Head of Integration (M Thom) advised that any difference could be the result of some local authorities including management cost figures within their submissions.

Following a question, the Chief Officer advised that work was being undertaken to improve the performance related to delayed discharge.

Decision

The Integration Joint Board:-

(1) noted the content of the Performance Monitoring Report, and

(2) noted that appropriate management actions continued to be taken to address the issues identified through these Performance Monitoring Reports.

IJB14. HSCP Communications Update

The Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during January – March 2024.

The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels. The quarterly communications update provided ongoing monitoring of the implementation of the Partnership's 2021-2024 Communication Strategy. As part of the strategy, the Partnership established new methods of communication which included social media platforms, blog posts, media releases, internal newsletters, and increased use of briefings and case studies.

Decision

The Integration Joint Board :-

(1) noted the report, and

(2) noted that this agenda item would become the Communication and Engagement Update as of the next IJB, reflecting the joint action plan of the Communication Strategy and Participation and Engagement Strategy, also presented at the meeting.

IJB15. Approved Minutes of Meetings

The Board considered the following minutes of the committees and groups:-

- IJB Audit Committee – 1 March 2024
- IJB Clinical and Care Governance Committee – 26 January 2024
- Falkirk Joint Staff Forum – 14 February 2023 and 18 April 2024
- Strategic Planning Group – 22 February 2024

Decision

The Integration Joint Board noted the minutes of committees and groups.

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

Falkirk Health and Social Care Partnership Assurance Report

For Assurance

Executive Sponsor: Gail Woodcock, Chief Officer and Director of Falkirk HSCP

Author: Suzanne Thomson, Senior Service Manager

Executive Summary
The report provides assurance of the arrangements in place to scrutinise the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to the Forth Valley NHS Board on 28 May 2024.

The report to the Board presents a high-level overview of:

- Annual Assurance Statements provided to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee (CCGC) and the Joint Staff Forum
- Internal Audit Annual Assurance Report 2023/24
- IJB 2023/24 Annual Unaudited Annual Accounts 2023/24
- Annual Performance Report 2023/24
- Local Government Benchmarking Framework
- Complaints and Feedback
- External inspection reports
- Alcohol and Drug Partnership: Progress with MAT Standards
- Decisions taken by the IJB in support of Delayed Discharge.

The report provides further detail on the above, noting that:

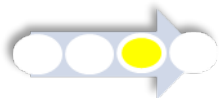
- based on work undertaken, Internal Audit concluded that in their opinion, reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24
- a budget strategy to close the gap was approved by the IJB and work is underway by the HSCP Budget Working Group to bring forward proposals for consultation and consideration
- findings from external inspections are considered and reported to the IJB and CCGC, with any improvement plans monitored by Senior Managers
- the HSCP continue to work with partners to support people who are delayed in their discharge.

Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the report and progress by the HSCP in meeting its priorities in the IJB Strategic Plan

- **request** a further assurance report in 12 months.

Assurance
Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

BACKGROUND

The Integration Joint Board is responsible for overseeing the planning, management, and delivery of all relevant functions within the scope of health and social care integration. This involves the delegation of functions and services by the Council and NHS Forth Valley, with services delivered through the HSCP. The Board has established an Audit Committee and a Clinical and Care Governance Committee. The Board has 6 voting members – 3 Falkirk Council Elected Members and 3 NHS Forth Valley non-executive Directors.

The IJB controls an annual budget of approximately £306m and decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2023 - 2026. The Plan describes how the Partnership will continue to make changes and improvements to health and social care services for all adults. It identifies four local outcomes which align with the Scottish Government National Health and Wellbeing Outcomes and the National Health and Social Care Delivery Plan.

FALKIRK IJB SCRUTINY AND MONITORING ARRANGEMENTS

The IJB is responsible for the effective monitoring and reporting on the delivery of services, relevant targets and measures. The management of performance is critical to managing the overall budget of the IJB and to provide assurance on the impact of the Strategic Plan to improve outcomes for people and communities.

The Board has in place arrangements to monitor and scrutinise performance in several ways, including:

- Audit Committee and Clinical and Care Governance Committee are established with specific remits and responsibilities
- Annual Assurance Statements – the presentation of these statements reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan. It also supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations
- Annual Performance Report
- Standing reports to each IJB meeting including the Chief Officer; Finance and Performance Monitoring reports

The reports presented to the IJB, and its Committees are all accessible online through the HSCP website and Falkirk Council Committee pages.

ANNUAL ASSURANCE STATEMENTS 2023/24

The Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum have each considered their respective Annual Assurance Statements for consideration and approval by the IJB. The Assurance Statements set out the attendance, meeting dates and business during the financial year April 2023 to March 2024. The statements conclude that the respective Committees and Joint Staff Forum have effectively discharged their respective duties. In addition, they formally provide a copy of their approved minutes to the IJB as part of its assurance processes. The Annual Assurance Statements were presented to the IJB on 27 September 2024 for consideration and comment. This is attached as Appendix 1.

INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2023/24

The IJB Audit Committee received an Internal Audit Annual Assurance Report on 17 September 2024. The report provides an overall assurance on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken and reported during 2023/24.
The report concluded that reliance could be placed on the IJB's governance arrangements and systems of internal control for 2023/24. Internal audit also advised that there were no concerns around the consistency of the Governance Statement within the scope of their work, the format and content of the Governance Statement in relation to relevant guidance and the disclosure of all relevant issues.

Responsibility for leading on the provision of Internal Audit services to Falkirk IJB rotates on a three-yearly cycle between the Chief Internal Auditor of NHS Fife, Tayside, and Forth Valley NHS Internal Audit consortium and Falkirk Council's Internal Audit Manager.

It is senior managers' responsibility to establish and maintain effective and proportionate risk management, governance, and control arrangements. Internal Audit is not an extension of, or substitute for, operational management.

On the basis of work undertaken, Internal Audit concluded that in their opinion, reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24.

In addition, they did not report any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The format and content of the Governance Statement in relation to the relevant guidance; or
- The disclosure of all relevant issues.

The report is attached at Appendix 2 for information.

FALKIRK IJB 2023/24 UNAUDITED ANNUAL ACCOUNTS

The 2023/24 unaudited annual accounts showed an in-year deficit of £7.568m comprising of planned use of reserves, release of reserves to fund in year spend and covering year end overspends for integrated services. The final reserves balance reported was £21.261m. The main areas of pressure arising for social care related to a significant increase in demand for care and support at home and long-term care placements, and staffing requirements within our in-house residential services. The external audit of the accounts is ongoing with the final

audited accounts and external audit opinion due to be reported to the November IJB Audit Committee.

At the time of submission of this report the 2023/24 external audit of the annual accounts is still ongoing therefore have not yet been considered by IJB Audit Committee. These will be presented to their meeting on 15 November and will be available to view on the HSCP Website thereafter.

Falkirk IJB 2024/25 Budget and Forecast Position

In March 2024, the Council approved a payment of £93.9m to the IJB, of which £92.4m was from the General Fund, £1.2m from the Housing Revenue Account and £0.3m was capital monies ringfenced for private sector housing grants. NHS Forth Valley delegated budgets of £173,8m, including £41.9m for large hospital services (set aside). The IJB set its business case in March 2024, which included savings measures of £12.2m on integrated services including use of £4m of non-recurring reserves.

The Quarter 1 financial forecast reported to the September IJB is a projected overspend of £5.982m on the integrated budgets and an overspend of £7.405m in relation to the set aside budgets for large hospital services delegated to the IJB. (Note the current Integration Scheme sets out that the financial risk associated with the set aside will be borne by NHS Forth Valley.)

Services in relation to Social Care are expected to overspend by £6.254m following an allocation of £0.925m of service pressure reserves. The main areas of pressure are in relation to external provision of care at home packages and long-term care, along with staffing requirements within our in-house residential units and housing with care facilities.

In line with Integration Scheme requirements a budget recovery plan has been approved and will be implemented to address the projected overspend, and it is expected that there will a requirement to also use additional non-recurring reserves in the current financial year.

Falkirk IJB Medium Term Financial Plan

A budget strategy paper was also presented to the September IJB setting out an indicative medium term financial gap for 2025/26 to 2027/28 of £18.9m for the next three years, with £11.6m related to next financial year. A strategy to close the gap was approved and work is underway by the HSCP Budget Working Group to bring forward proposals for consultation and consideration over the coming months for approval in March 2025.

FALKIRK HSCP ANNUAL PERFORMANCE REPORT 2023/24

The Falkirk HSCP Annual Performance Report, presented to the IJB on 28 June 2024, outlines how the Partnership is working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes. The Partnership also reports progress against the suite of 23 national integration indicators. This enables us to understand how well our services are meeting the needs of the people who use them.

This is the eighth Annual Performance Report (APR) produced and highlights achievements throughout the year. The APR is attached at Appendix 3 for information.

The Annual Performance Report has been developed with input from colleagues across the Partnership and highlights achievements throughout the year. The APR describes the numerous service developments and redesign work being taken forward, including:

- relaunched our Short Breaks service for people with learning disabilities at Thornton Gardens
- created new career paths within social work by introducing new roles and mentoring opportunities
- launched Care Opinions, an online feedback platform for local services
- received praise as the best place in Scotland to grow old as result of our high Care Inspectorate ratings for care homes
- begun the implementation of our new 3-year Strategic Plan.

LOCAL GOVERNMENT BENCHMARKING FRAMEWORK 2022/23

The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service. It is designed to support senior management teams and elected members to improve key council services. The output provides the opportunity to benchmark externally and is also used to support financial planning and budget savings plans.

The HSCP performance reported in the LGBF 2022/23 publication was presented to the IJB at its meeting in June 2024. This briefing note is attached at Appendix 4 for information. This provides a contextual understanding of how Falkirk compares alongside the LGBF 'family grouping' of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian. Note that data for indicators SW4b, c, d and e are not yet available.

COMPLAINTS AND FEEDBACK

In addition to the complaint and feedback performance information presented to the IJB in the Performance Monitoring report, a detailed report is presented to the Clinical and Care Governance Committee. The most recent report presented to Committee on 7 September 2024 is attached at Appendix 5 for information.

The report sets out complaints received that relate to the functions and services provided by the HSCP and any complaints relating to the actions and processes of the IJB itself during the period of April to June 2024 (Quarter 1). The report details the number of complaints received, local resolution, compliance with the 5-day and 20-day national targets and Scottish Public Services Ombudsman (SPSO) referrals. The report also provides information on feedback received through Care Opinion and other mechanisms about HSCP services.

The report details 37 complaints received via the Council Complaints Handling Procedure (CHP) and 7 complaints received via NHS CHP during the reporting period. There have been no complaints received via the IJB CHP.

EXTERNAL INSPECTION REPORTS

Since the last report to NHS FV Board, the IJB Clinical and Care Governance Committee has received reports on external inspections on our services. The following table provides links to the full published reports:

Publication Date	Inspection	Inspection Date
20/12/2023	Woodlands Resource Centre	05/10/2023
13/03/2024	Housing Support Service - West Locality	05 - 13/03/2024
13/03/2024	Housing Support Service - Central Locality	05 - 13/03/2024
13/03/2024	Housing Support Service – East Locality	05 - 13/03/2024
05/07/2024	Mobile Emergency Care Service	26 -28/03/2024
24 July 2024	Housing with Care Service	24/07/2024
August 2024	HMIPS of HMP YOI Stirling	19 – 23/03/2024

In relation to the Care Inspectorate reports, the inspection considered relevant quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspections are summarised below:

Facility	Quality Indicator	Grade
Housing Support Service – West Locality	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
	How well is our care and support planned?	5 – Very Good
Housing Support Service – Central Locality	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
	How well is our care and support planned?	5 – Very Good

Facility	Quality Indicator	Grade
Housing Support Service – East Locality	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
	How well is our care and support planned?	5 – Very Good
Mobile Emergency Care Service	How well do we support people's wellbeing?	3 - Adequate
	How good is our leadership?	4 – Good
	How good is our staff team?	3 – Adequate
	How well is our care and support planned?	4 – Good
Housing with Care Service	How well do we support people's wellbeing?	5 – Very Good
	How good is our staff team?	5 – Very Good

In relation to the Mental Welfare Commission announced visit to Woodlands Resource Centre, three recommendations were identified. Improvement plans are monitored by the lead service managers and the HSCP Senior Leadership Team and Clinical and Care Governance Management Group.

Healthcare in HMP & YOI Stirling is hosted by the Falkirk Health and Social Care Partnership (HSCP) and reported through its governance structures. All developments and activities related to the enhancement and improvement of prison healthcare are monitored and overseen through Prison Healthcare Oversight and Prison Healthcare Workforce Groups. The HSCP has extensive experience of delivering healthcare services for people in prison, with

two other prisons HMP & YOI Polmont and HMP Glenochil currently being hosted by the Partnership.

As with any new service, inspectors saw that there have been some challenges. However, the leadership team within HMP & YOI Stirling and the HSCP had used learning from inspections of the other prisons in NHS Forth Valley to support good care delivery at HMP & YOI Stirling. The Inspectors noted there was a clear vision for the delivery of prison healthcare in HMP & YOI Stirling, with staff feeling well trained and supported to deliver a range of healthcare interventions to the population.

There were 6 areas inspected:

- Leadership and Governance
- Primary Care
- Mental Health
- Substance Use
- Long term conditions, Palliative and End of Life Care
- Infection, Prevention and Control.

Overall rating: Satisfactory

In this standard, eight quality indicators were rated as good, eight were rated as satisfactory, and one was rated as generally acceptable, giving an overall rating of satisfactory. (The scale includes potential ratings of unacceptable, poor, generally acceptable, satisfactory and good.) There were 16 examples of good practice and eight recommendations for improvement. As part of the prison inspection process NHS FV & FHSCP through the Prison Healthcare Oversight will develop an action plan outlining improvements planned / achieved against the recommendations which is to be submitted by 13 November 2024.

ALCOHOL AND DRUG PARTNERSHIP: PROGRESS WITH MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

The IJB received a report on progress made by the Falkirk Alcohol & Drug Partnership (ADP) during the past year at its September 2024 meeting. This is in addition to reports presented to the IJB Clinical and Care Governance Committee.

Public Health Scotland MAT Implementation Support Team (MIST) published an update to their annual benchmarking report on ADPs progress on implementing the Standards in June 2024. This report was informed by the data collected by ADP Support Teams on policy, engagement statistics, and experiential feedback from people who have used the substance use support services.

Ongoing work to embed the MAT Standards is multidisciplinary in nature with a significant contribution from NHS Forth Valley as specialist prescribers. Strategic oversight is provided by the MAT Steering Group which is chaired in rotation by the ADP Chairs from Falkirk and Clackmannanshire & Stirling with operational lead responsibility for the implementation of the MAT Standards resting with the Head of Clinical Services for Mental Health and Learning Disability.

The extent to which the standards are implemented is assessed through a ‘Red, Amber, Green, Blue’ (RAGB) status. The blue status has been added to indicate sustained implementation over two years. Provisional green is the highest score for MAT 6-10 for April 2024 as scoring is based on partial numerical measures.

MAT Standard		RAG Status 2022	RAG Status 2023	RAG Status 2024
MAT 1	All people accessing services have the option to start MAT from the same day of presentation.	Red	Amber	Provisional Green
MAT 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	Amber	Provisional Green	Green
MAT 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Amber	Amber	Provisional Green
MAT 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	Amber	Provisional Amber	Green
MAT 5	All people will receive support to remain in treatment for as long as requested.	Amber	Amber	Green
MAT 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	N/A	Amber	Provisional Green
MAT 7	All people have the option of MAT shared with Primary Care.	N/A	Amber	Provisional Green
MAT 8	All people have access to independent advocacy and support for housing, welfare and income needs.	N/A	Provisional Amber	Provisional Green
MAT 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	N/A	Provisional Amber	Provisional Green
MAT10	All people receive trauma informed care.	N/A	Provisional Amber	Provisional Green

Whilst significant progress has been made, it is evident that continued work is required to fully implement all 10 Standards, and the ADP Support Team will continue to work with key partners and stakeholders to ensure this work remains a priority.

In October 2024, the Minister for Drugs and Alcohol Policy notified the Chief Officers and Forth Valley MAT leads of changes to reporting requirements. This will move from monthly back to quarterly acknowledging the work undertaken to implement and deliver on MAT standards.

The Board is asked to note that the above table reflects the Scottish Government assessment of local progress as at April 2024. Since then, progress continues to be made.

DECISIONS TAKEN BY THE IJB IN SUPPORT OF DELAYED DISCHARGE

Falkirk HSCP have contributed to several presentations to the NHS Board recently, including information in whole system reports, on a range of activity being undertaken to support improvements in delayed discharge performance, and enabling people to return home, or to a homely environment, when they are clinically ready for discharge.

The IJB agreed at its meeting in September to block fund 16 beds at a local care home for a period of 18 months to provide interim care placements and increase capacity of available care placements. These additional beds will exclusively be used for adults delayed in hospital who are assessed as requiring a 24-hour residential or a nursing placement.

The contract will be for 18 months from 1 December 2024 to 31 May 2026. Work in partnership with the care home and key partners is being undertaken in November 2024 to identify clients suitable for the interim unit so that they can be supported to move as soon possible following the contract commencement.

The aim of the service is to support a significant reduction in the number of adults delayed in their discharge from hospital while they are awaiting placement in care homes under an interim arrangement while waiting on availability in a choice care home. The temporary investment in block interim beds will support improvements in whole system flow while other operational systems and processes improvements are ongoing and which are expected to lead to longer term and sustainable improvements in performance.

Implications

Financial Implications
There are no financial implications as this is an Assurance Report. With reference to the IJB Business Case update, should the savings requirement not be achieved, this would present a risk to the Partners, per the Integration Scheme.

Workforce Implications
There are no workforce implications as this is an assurance report. Falkirk HSCP Workforce Plan 2022 – 2025 is in place.

Infrastructure Implications including Digital
There are no infrastructure implications as this is an assurance report. However, there is opportunities to use digital health and care solutions for the workforce, service users and carers.

Sustainability Implications
The IJB has a responsibility to produce an annual Climate Change report under the Climate Change (Scotland) Act 2009. Falkirk IJB has no responsibility for staff, and limited planning responsibility for buildings and fleet vehicles. These are responsibilities of NHS Forth Valley and Falkirk Council. The IJB is responsible for making strategic planning decisions about service change, service redesign and investment and disinvestment and will need to consider going forward the implications of net zero on delegated services.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. (please tick relevant box)

□ Yes
X N/A

Quality / Patient Care Implications
Falkirk IJB has an established Clinical and Care Governance Committee and HSCP Clinical and Care Governance Management Group (CCGMG). This group was established to strengthen assurance around clinical and care governance and work is ongoing to continue to improve the overall assurance processes in this area. The CCGMG also reports to the NHS FV Clinical Governance Working Group and to the Public Protection Chief Officers Group.

Information Governance Implications
There are no implications for Information Governance as this is an assurance report.

Risk Assessment / Management
The IJB Strategic Risk Register is considered by the Falkirk IJB Audit Committee and the IJB.

Relevance to Strategic Priorities
The Strategic Plan is aligned with relevant national and NHS FV plans, and its implementation will positively impact on the progress of these wider plans.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

☒ Paper is not relevant to Equality and Diversity as this is a progress report.

Communication, involvement, engagement and consultation
This is an assurance report to the Board. The HSCP Senior Leadership Team, senior leaders and colleagues across the HSCP, including Clackmannanshire and Stirling HSCP, NHS Forth Valley and Falkirk Council work together to implement the Strategic Plan.

Additional Information
None

Appendices

- Appendix 1: Annual Assurance Statements 2023/24
- Appendix 2: Falkirk IJB 2023/24 Annual Audited Accounts
- Appendix 3: HSCP Annual Performance Report 2023/24
- Appendix 4: Local Government Benchmarking Framework 2022/23
- Appendix 5: Complaints and Feedback Q1 2024

Falkirk Integration Joint Board

27 September 2024

Annual Assurance Statements 2023/24

For Consideration and Comment

1. Executive Summary

1.1 The report presents the 2023/24 Annual Assurance Statements for:

- Audit Committee
- Clinical and Care Governance Committee
- Joint Staff Forum
- Information Governance.

1.2 The Annual Assurance Statements by the Committees and Forum are prepared in response to the recommendations arising from the Internal Audit report entitled “IJB’s Assurance Framework – Governance Mapping, Report No. FK05/19”.

1.3 The Information Governance report provides assurance to the Integration Joint Board (IJB) about the arrangements for information governance that are applicable to the Board as a public body. This also includes the information governance arrangements in place within its partners, Falkirk Council (Council) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Board.

2. Recommendations

The Integration Joint Board is asked to:

2.1 Consider and comment on the Annual Assurance Statement 2023/24.

3. Background

3.1 During 2019-20, Internal Audit completed a Governance Mapping exercise to assess the extent to which the IJB’s committee structure supports the delivery of strategic objectives.

3.2 The Internal Audit report recommended that Annual Assurance Statements are provided to the Integration Joint Board, effective from June 2020.

4. Audit Committee

4.1 The Audit Committee Annual Assurance Statement 2023/24 is attached at Appendix 1 for approval. This was considered by Audit Committee at their meeting on 18 June 2024.

4.2 The Assurance Statement sets out the attendance, meeting dates and business of the Audit Committee during financial year April 2023 to March 2024.

4.3 Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Annual Assurance Statement concludes that the Audit Committee has effectively discharged its duties during 2023/24.

5. Clinical and Care Governance Committee

5.1 In line with the Internal Audit report recommendation, an Annual Assurance Statement has been prepared. This was considered by the Clinical and Care Governance Committee (CCGC) at its meeting on 21 June 2024 and approved for presentation to the IJB. This is attached for consideration at Appendix 2.

5.2 The statement sets out the attendance, meeting dates and business of the CCGC over the reporting year April 2023 to March 2024.

5.3 Assurance and governance are provided to a large extent by having oversight and adequate reporting mechanisms from the various NHS committees, Public Protection Groups and Health and Social Care groups within the IJB governance infrastructure.

5.4 These groups can demonstrate in-depth consideration of a broad range of agendas relevant to their specialities. While much of the CCGC business is a maintenance agenda, there is also scrutiny of proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Health and Social Care Partnership.

5.5 Through the CCGC meetings and reports presented, assurance is provided from respective partners on how services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the strategic objectives of the IJB.

6. Joint Staff Forum

6.1 The Joint Staff Forum (JSF) provides a forum to enable effective joint discussions between employer and employee representatives, on relevant workforce matters relating to the effective implementation of health and

social care integration. Assurance is provided to a large extent by having an oversight, engagement, and adequate discussions on relevant matters.

6.2 The JSF will anticipate and plan workforce matters arising from the Health and Social Care Partnership, and recommend good practice methods of working, and solutions to issues, as they arise.

6.3 The JSF will take account of relevant legislation including employment legislation and other Acts or guidance documents as relevant to Health & Social Care Integration. The JSF will also take account of locally agreed plans and strategies for the Partnerships.

6.4 Membership of the JSF includes:

- Chief Officer
- Head of Transformation & People Falkirk Council or Deputy
- Associate Director of HR NHS Forth Valley or Deputy
- Heads of Integration
- TU Representation from Falkirk Council Unite, Unison and GMB
- Employee Director as representative of the Area Staff Forum
- Trade Union (TU) representation from NHS Forth Valley Unison, RCN.

6.5 The Annual Assurance Statement for the reporting year April 2023 to March 2024 was approved by the JSF on 18 April 2024 and is attached at Appendix 3.

7. Information Governance

7.1 The Board holds a range of information and records – about its business, its members and any operational matters which come to its attention (such as complaints and information requests under freedom of information and data protection legislation). Its partners hold a far broader range of information (particularly personal information) about services and service users.

7.2 The Board is supported in its information governance responsibilities by information governance specialists in NHS Forth Valley and Falkirk Council. The Head of Information Governance in NHS Forth Valley is the nominated Data Protection Officer for the Board. NHS Forth Valley administers information requests on behalf of the Board.

7.3 Partners have their own information governance teams and established arrangements to manage and monitor their information governance arrangements in compliance with their own statutory obligations. There is a close working relationship between information governance specialists across the Partners underpinned by the Joint Information Governance Group (JIGG). The JIGG consists of information governance representatives from the Partners and other relevant public sector agencies, e.g. Scottish Fire and Rescue. The purpose of the JIGG is to promote partnership working and resolve any information governance issues as they arise.

7.4 Good information governance ensures that organisations handle information legally, securely, efficiently, and effectively to support delivery of the best possible care. The 3 information governance areas in which the Board, and its partners, have statutory responsibilities are:

- Data Protection
- Freedom of Information
- Records Management.

7.5 The Information Governance Annual Assurance 2023/24 is attached at appendix 4. It provides the Board with an overview of their requirements as a public body for the above statutory responsibilities.

8. Conclusions

8.1 Through the work of the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum, assurance is provided to the Board on the delivery of services in line with the Strategic Plan. The IJB formally receives a copy of the approved minutes of these meetings as part of its assurance processes and are therefore publicly available.

8.2 There are broadly appropriate arrangements in place to ensure the Board's compliance with its information governance responsibilities. There is an ongoing weakness in relation to compliance with freedom of information responsibilities which is being addressed via wider project work.

8.3 In relation to data protection responsibilities, the partners need to ensure that data processing activities adhere to the governance arrangements set out within the information sharing and joint data processing agreements.

8.4 In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plan. This will assist the Board to ensure it can demonstrate improvement on its own plan.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

Presentation of an annual assurance statement reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan.

Ensuring compliance with information governance legislation is required to support the implementation of the Strategic Plan, and ensure services delegated to the Board are delivered in compliance with information governance legislation.

Directions
A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications
The preparation of an Annual Assurance Statement supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations.

The Forth Valley Joint Information Governance Group meets regularly and oversees the information governance requirements of the Board and will support the Leadership Team to comply with legal and risk implications

Consultation
This is not required for the report.

Equalities Assessment
EPIA Reference: 00481

An initial EPIA has been completed. This report provides assurance to the Board that the respective Committees have met and transacted business. The Board are asked to consider and comment on the Annual Assurance Statement. The Board are not being asked to make a decision which will have a proportionate or relevant impact on people. Therefore, a full EPIA is not required.

Should any changes be made to the policies, procedures or services detailed within the report, a full EPIA may be required.

This initial EPIA will be kept under review.

9. Report Author

9.1 Suzanne Thomson, Senior Service Manager

9.2 Sarah Hughes-Jones, Head of Information Governance, NHS Forth Valley

9.3 Wendy Barber, Information Governance Manager, Falkirk Council

10. List of Background Papers

10.1 The agenda, reports, and minutes of the respective meetings.

11. Appendices

Appendix 1:	Audit Committee Annual Assurance Statement 2023/24
Appendix 2:	CCGC Annual Assurance Statement 2023/24
Appendix 3:	Joint Staff Forum Annual Assurance Statement 2023/24
Appendix 4:	Information Governance Assurance Report 2023/24

Falkirk Health and Social Care Partnership

Annual Report of Falkirk Integration Joint Board Audit Committee 2023-24

1. PURPOSE

1.1. This report provides annual overview of the work of the Falkirk Integration Joint Board (IJB) Audit Committee. This is in addition to the IJB receiving minutes of all Audit Committee meetings and ensures effective scrutiny of the Committee.

2. BACKGROUND

2.1. The Audit Committee is a key element of the governance structure and operates under the delegated authority of the IJB.

2.2. The Audit Committee's remit extends beyond traditional financial stewardship and oversight of the audit process and incorporates all aspects of the IJB's system of internal control and overall governance framework.

2.3. The specific functions delegated to the Audit Committee by the IJB are outlined below:

- To assess the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements and consider annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated.
- Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports.
- Review and approve the Internal Audit Annual Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate. An Internal Audit Annual Assurance Report will be provided to the Committee providing an overall opinion on the IJB's arrangements for risk management, governance and control.
- Consider the External Audit Annual Plan on behalf of the IJB, receive reports and consider matters arising from these and management actions identified in response before submission to the IJB. The Audit Committee may also consider relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.
- Approve the annual financial accounts.

Falkirk Council NHS Forth Valley

- The Committee is responsible for ensuring best value for those delegated functions.

- The Committee is authorised by the IJB to investigate any activity within its terms of reference, and in so doing, may seek any information it requires.

2.4. The Committee formally provides a copy of its minutes to the IJB a part of its assurance processes and these are publicly available.

3. IJB AUDIT COMMITTEE

Composition

3.1. During the financial year ending 31 March 2024, membership of Audit Committee comprised:

Voting Members:	**Mr Gordon Johnstone**	**Chair**
	Jim Flynn	**Vice Chair**
Non-voting Members:	**Robert Clark**	**Staff Representative, NHS Forth Valley**
	Roger Ridley	**Staff Representative, Falkirk Council**

3.2. The attendance record for the Audit Committee meetings is attached at Appendix 2.

Meetings

3.3. The Committee met virtually on 4 occasions during the period from 1 April 2023 to 31 March 2024.

- 26 June 2023
- 15 September 2023
- 17 November 2023
- 1 March 2024

Business

3.4. The schedule of business is set out in Appendix 2.

4. CONCLUSION

4.1. The work of the Audit Committee provides assurance to the IJB in relation to a wide range of governance issues, including risk management and potential internal control weaknesses. This is supported by a risk based internal audit

annual work plan, targeted to the highest risk areas to ensure that audit activity is focussed on key areas and is sufficient in order to provide an appropriate level of assurance.

4.2. In addition, an audit sharing protocol is in place to ensure that any relevant issues arising in either partner organisation which may impact on the IJB is passed to the Audit Committee for consideration and action as appropriate.

4.3. Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Audit Committee has effectively discharged its duties during 2023/24.

Audit Committee Attendance Record April 2023 – March 2024

Appendix 2

Voting Members		**26 Jun-23**	**15-Sep-23**	**17 Nov 23**	**1 Mar 24**
Gordon Johnston	Chair	P	P	P	P
Cllr Jim Flynn	Vice Chair		P	P	P
Non- Voting Members					
Robert Clark	Staff Representative, NHS Forth Valley	A	A	P	P
Roger Ridley	Staff Representative, Falkirk Council	A	A	P	A
Attendance					
Brian Pirie	Democratic Services Manager	P	X	X	X
Steven Kirkwood	Chief Finance Officer	P	P	P	X
Patricia Cassidy	Chief Officer	P	P	P	P
Sara Lacey	Chief Social Work Officer	X	P	P	P
Tony Gaskin	Chief Internal Auditor, NHS Fife	P	X	X	X
David Keenan	HSCP Governance Support Officer	X	P	P	P
Gillian McCreadie	Audit Scotland (External Audit)	P	P	X	P
Anne Marie Machan	Regional Audit Manager, NHS Fife	X	X	X	P
Michelle Campbell	Personal Assistant, FHSCP	P	X	X	X
Jennifer Doolan	Audit Scotland (External Audit)	P	X	P	X
Jocelyn Lyall	Chief Internal Auditor, NHS Fife	X	X	P	X
Sara Mackenzie	NHS FV Corporate Risk Manager	X	P	X	X
Jim Millar	Democratic Services Graduate	X	P	X	P
Cheryl White	HSCP Support Officer	X	P	X	X
Mark Fairley	Interim Chief Finance Officer * since March 2024	X	X	X	P

Key: P Present
A Apologies

X Does not need to attend **Schedule of Business Considered April 2023 – March 2024**

Date	Title of Business Discussed	Noting / Decision
26 June 2023	Minute of previous meeting 17 March 2023	Decision
	Strategic Risk Register	Consideration/Comment
	Internal Audit Annual Assurance Report 2022/23	Noting
	Falkirk IJB Annual Audit Plan 2022/23	Consideration/Comment
	Unaudited Accounts 2022-23	Decision
	Audit Committee Annual Assurance Statement	Decision
	National Audit Report and Inspection Overview	Consideration/Comment
	Governance Statement Improvement Actions	Noting
	Strategic Risk Management Performance Report April 2022-March 2023	Decision
15 September 2023	Minute of previous meeting 26 June 2023	Decision
	Falkirk IJB 2022/2023 Audited Annual Accounts	Decision
	Internal Audit Review of IJB Directions – Action Plan	Consideration/Comment
	Strategic Risk Register	Consideration/Comment
	Internal Audit Progress Report	Consideration/Comment
	National Audit and Inspection Report Overview	Consideration/Comment
	Governance Statement Improvement Actions	Noting
17 November 2023	Minute of previous meeting 15 September 2023	Decision
	Strategic Risk Register	Consideration/Comment
	National Audit and Inspection Report Overview	Consideration/Comment
	Audit Committee Governance Report	Decision
	Terms of Reference	Noting
	Governance Statement Improvement Actions	Noting
	Internal Audit Progress Report	Consideration/Comment
	CIPFA Financial Management Code	Consideration/Comment
1 March 2024	Minute of previous meeting 17 November 2023	Decision
	Strategic Risk Register	Consideration/Comment
	Annual Internal Audit Plan 2024/25	Decision
	Internal Audit Progress Report	Noting
	National Audit Report and Inspection Overview	Consideration/Comment
	Governance Statement Improvement Actions	Noting

Clinical & Care Governance Committee Annual Assurance Statement

2023 - 2024

Falkirk
Health and Social Care
Partnership

Clinical & Care Governance Committee
Annual Assurance Statement 2023 - 2024

1. PURPOSE

1.1 The report sets out an Annual Assurance Statement and overview of the work of the Falkirk Integration Joint Board (IJB) Clinical and Care Governance Committee (CCGC). This is in addition to the IJB receiving minutes of the meeting and ensures effective scrutiny of the Committee.

2. BACKGROUND

2.1 The Clinical and Care Governance Committee provides assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and social care services.

2.2 An important element of clinical and care governance is to ensure there is a robust system for assuring the quality and safety of health and social care delivered and for the Committee to drive a culture of continuous improvement. This includes having systems in place to identify and respond when standards are not being met and issues of poor performance are identified and addressed.

2.3 The Committee has responsibility to oversee the processes within the Health and Social Care Partnership. This is to ensure appropriate action is taken in response to several matters, including significant adverse events, external scrutiny and inspection reports and complaints and feedback. Importantly, it ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.

2.4 The Committee formally provides a copy of its approved minutes to the IJB as part of its assurance processes. In addition, the reports presented to the Committee are all accessible online through the HSCP website and Falkirk Council Committee pages as well as recordings of the meetings being available.

3. IJB CLINICAL AND CARE GOVERNANCE COMMITTEE

3.1 Composition

During the financial year ending 31 March 2024, membership of the CCGC comprised:

Voting Member	Non Voting Member
Cllr Anne Hannah (Chair)	Margo Biggs (Service User Representative)
Stephen McAllister (Vice-Chair)	Victoria McRae (Third Sector Representative)

Voting Member	Non Voting Member
	Roger Ridley (Falkirk Council Staff Representative)

3.2 The attendance record for the Clinical and Care Governance Committee is attached at Appendix 1.

3.3 Meetings

The Committee met on a hybrid basis on four occasions during the period from 23 June 2023 to 15 March 2024:

- 23 June 2023
- 22 September 2023
- 24 January 2024
- 15 March 2024.

3.4 Business

The Schedule of Business is set out in Appendix 2.

4. CONCLUSION

4.1 Assurance and governance are provided to a large extent by having an oversight and adequate reporting mechanisms from the various Health and Social Care Partnership groups, NHS committees and Public Protection Groups within the governance infrastructure. These groups demonstrate in-depth consideration of broad agendas. There is also scrutiny of proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Health and Social Care Partnership.

IJB CLINICAL AND CARE GOVERNANCE COMMITTEE ATTENDANCE RECORD

		23-Jun-23	22-Sep-23	24-Jan-24	15 Mar 24
Voting Members					
Cllr Anne Hannah	Falkirk Council Chair	P	P	P	A
Stephen McAllister	NHS Forth Valley Vice-Chair	P	A	A	P
Non-Voting Members					
Margo Biggs	Service User Representative	P	P	P	P
Victoria McRae	Third Sector Representative	P	P	A	A
Roger Ridley	Falkirk Council Staff Representative	A	P	A	A
Professional Advisors					
Lynda Bennie	NHS Forth Valley Head of Clinical Governance	P	P	P	P
Patricia Cassidy	Falkirk HSCP Chief Officer	A	P	A	P
Frances Dodd	NHS Forth Valley Nurse Director *From Mar 2023	P	X	A	X
David Herron	NHS Forth Valley GP Representative	P	P	X	A
Elaine Kettings	Falkirk HSCP Chief Nurse *Until Nov 2023	P	P	X	X
Nicola Wood	Chief Nurse *From Jan 2024	X	X	P	P
Sara Lacey	Falkirk Council Chief Social Work Officer	P	P	P	P
Andrew Murray	NHS Forth Valley Medical Director	A	A	A	A
Martin Thom	Falkirk HSCP Head of Integration	P	P	P	P
Gail Woodcock	Falkirk HSCP Head of Integration	A	P	P	A
In attendance for agenda reports					
Eilidh Gallacher	Head of Person-Centred Care * From Sep 23	X	P	P	P
Fiona Donaldson	NHS FV Interim Patient Relations Lead *From Mar – Jun 23	P	X	X	X
Lynette Denovan	Falkirk HSCP Team Manager	P	P	X	X
Julia Ferrari	Falkirk HSCP Integrated Mental Health Manager	X	X	X	P
Phillip Heaton	Falkirk HSCP ADP Lead Officer	P	X	X	X
Jonathan Horwood	NHS Forth Valley Area Infection Control Manager	P	P	P	P

		23-Jun-23	22-Sep-23	24-Jan-24	15 Mar 24
Lesley MacArthur	Falkirk HSCP Partnership Funding Co-Ordinator	P	X	X	X
Gordon MacKenzie	Falkirk HSCP Locality Manager, East	P	P	P	P
Stacey McIntosh	Strategic Prevention Coordinator – Suicide, Substance Use Deaths	X	X	X	P
Suzanne Thomson	Falkirk HSCP Senior Service Manager	P	P	P	P
Support Officers to Committee					
David Keenan	HSCP Governance Support Officer	P	P	P	P
Jim Millar	Democratic Services Graduate * From Dec 23	X	X	X	P

Key:
P - Present
A - Apologies
X - Does not need to attend

Schedule of Business Considered April 2023 – March 2024 Appendix 2

Date	Title of Business Discussed	Noting / Decision
23 June 2023	Minute of CCGC meeting 24 March 2023	Approval
	Action Log	Noting
	Overview: Local Oversight Arrangements	Consideration
	Overview: Inspections Reports	Consideration
	HSCP Complaints and Feedback Performance Report	Consideration
	Hospital Acquired Infection Performance Report Jan – Mar 2023	Consideration
	Annual Assurance Statement 2022 – 2023	Decision
	Overview: National Publications	Noting
22 September 2023	Minute of CCGC meeting 23 June 2023	Approval
	Action Log	Noting
	Hospital Acquired Infection Performance Report	Consideration
	Overview: Local Oversight Arrangements	Consideration
	Inspection Reports	Consideration
	HSCP Complaints Annual Report 2022 – 2023	Consideration
	HSCP Complaints and Feedback Performance Report April – June 2023	Consideration
	Clinical and Care Governance Committee Governance	Decision
	Overview: National Publications	Consideration
24 January 2024	Minute of CCGC meeting 22 September 2023	Approval
	Action Log	Noting
	Overview: Local Oversight Arrangements	Consideration
	Inspection Reports	Consideration
	Duty of Candour Annual Report 2022 – 2023	Consideration
	HSCP Complaints and Feedback Performance Reports July – Sep 2023	Consideration
	Healthcare Acquired Infection Performance Report July – Sep 2023	Consideration
	Clinical & Care Governance Committee Governance	Decision
	National Publications	Consideration
15 March 2024	Minute of CCGC meeting 15 March 2024	Approval
	Action Log	Noting

Date	Title of Business Discussed	Noting / Decision
15 March 2024	Overview: Local Oversight Arrangements	Consideration
	Inspection Reports	Consideration
	Trauma Champions Update	Consideration
	Chief Social Work Officer Duty of Candour Annual Report 2022-2023	Consideration
	HSCP Complaints and Feedback Performance Reports Oct – Dec 2023	Consideration
	Healthcare Acquired Infection Performance Report Oct – Dec 2023	Consideration
	National Publications	Consideration

Falkirk Joint Staff Forum

18 April 2024

Joint Staff Forum Annual Assurance Statement 2023 - 2024

For Decision

1. Executive Summary

1.1 The report presents the draft Joint Staff Forum Annual Assurance Statement for approval.

1.2 Subject to the Forum's approval, this will then be presented to the IJB in September for consideration as a suite of Annual Assurance Statements.

2. Recommendations

The Joint Staff Forum is asked to:

2.1 approve the Joint Staff Forum Annual Assurance Statement

2.2 agree that this is presented to the IJB in September 2024 for consideration.

3. Background

3.1 The Joint Staff Forum (Forum) provides a forum to enable effective joint discussions between employer and employee representatives, on employment issues, relating to the effective implementation of Health and Social Care Integration.

3.2 The Forum will discuss relevant workforce matters relating to the IJB and Health & Social Care Partnership.

3.3 The work of the Forum will be to anticipate and plan workforce matters arising from the Health & Social Care Partnerships, and recommend good practice methods of working, and solutions to issues, as they arise. This includes engagement relevant to Partnership matters.

3.4 The Forum will take account of relevant legislation including employment legislation and other Acts or guidance documents as relevant to Health & Social Care Integration. The Forum will also take account of locally agreed plans and strategies for the Partnership.

4. Joint Staff Forum

4.1 Membership of the Forum includes:

- Chief Officer

- Head of Transformation & People Falkirk Council or Deputy
- Associate Director of HR NHS Forth Valley or Deputy
- Heads of Integration
- Head of Primary Care and Prison services
- TU representation from Falkirk Council Unite, Unison and GMB
- TU representation from NHS Forth Valley Unison, RCN

4.2 Meetings are held bi-monthly and appendix 1 sets out the attendance, meeting dates and business of the Forum over the reporting year April 2023 to March 2024.

4.3 Assurance is provided to a large extent by having an oversight and adequate reporting mechanisms from the various NHS committees, and Health and Social Care groups within the HSCP infrastructure.

4.4 These groups can demonstrate in-depth consideration of a broad range of workforce related issues. There is also scrutiny of proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Health and Social Care Partnership.

5. Conclusion

5.1 Through the Forum meetings and reports presented, assurance is provided from respective partners to Trade Unions on how staff and services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the strategic objectives of the IJB.

Joint Staff Forum Attendance Record **Appendix 1**

HSCP Members		06 July 23	30 Nov 23	21 Dec 23	14 Feb 24
Patricia Cassidy	Chief Officer	P	P	A	P
Martin Thom	Head of Integration	P	P	P	P
Gail Woodcock	Head of Integration	P	P	P	A
Judith Proctor	Head of Primary Care and Prisons (from 6 Nov 23)	-	P	P	A
Elaine Ketting	Chief Nurse (left 24 Nov 23)	A	-	-	-
Louise MacKay	Interim Chief Nurse	-	P	A	-
Nicola Wood	Chief Nurse (from 6th November)	-	-	-	A
HR Representatives					
Tracey Gillespie	HR Manager – Falkirk Council	P	A	P	P
Scott McKinnon	HR Business Partner – Falkirk HSCP		P		
Julie McIlwaine	HR Manager – NHS Forth Valley	P	A	A	-
Renuka Santosh	HR Manager – NHS Forth Valley	-	P	P	
Linda Robertson	HR Manager – NHS Forth Valley	A	A	P	A
Staff Representatives					
Robert Clark	Area Partnership Forum (Unison) – NHS Forth Valley	P	P	A	A
Roger Ridley	Unison – Falkirk Council	A	A	P	P
Kevin Robertson	Unite – Falkirk Council	A	A	P	A
Grace Traynor	GMB – Falkirk Council	A	A	A	P
Gordon Tucker	Unison – NHS Forth Valley	P	A	P	A
Helen Welsh	Joint Trade Union Committee – Falkirk Council	P	P	A	P
Support Officers					
Michelle Campbell	PA to Chief Officer – Falkirk HSCP	P	P	P	P
Kelly Young	Secretary – Falkirk HSCP	P	P	P	P

Key: C – Chair; P – Present; A - Apologies

Schedule of Business Considered

Date	Title of Business
06 July 2023	Workforce Action Plan Update
	Constitution
	Medication Policy
	Volunteer Policy
	Joint Staff Forum Annual Assurance
	Minutes of 16 March 23
	Standing Items
	HSCP Update
	Falkirk Council Update
	NHS Forth Valley Update
	Feedback from Trade Unions
30 November 2023	Recruitment & Retention Working Group
	Social Work Adult Structure
	CHART Team
	Medication Policy
	Minutes of Meeting 6 July 2023
	Standing Items
	HSCP Update
	Falkirk Council Update
	NHS Forth Valley Update
	Feedback from Trade Unions
21 December 2023	Medication Policy
	Social Work Workforce
	Social Work Adult Structure
	JLES Community Equipment Store
	Minutes of Meeting 30 November 2023
	Standing Items
	HSCP Update
	Falkirk Council Update
	NHS Forth Valley Update
	Feedback from Trade Unions
14 February 2024	Recruitment and Selection Update
	Social Care Officer Update
	JLES Community Equipment Store Update
	Minutes of Meeting 21 December 2023
	Matters Arising
	Standing Items
	HSCP Update
	Falkirk Council Update
	NHS Forth Valley Update
	Feedback from Trade Unions

Appendix 4

Falkirk Integration Joint Board Information Governance Assurance Report 2023/2024

1. Executive Summary

1.1 This report is to provide assurance to the Board regarding the arrangements for information governance that are applicable to the Board as a public body, along with the information governance arrangements in place within its partners, Falkirk Council (Council) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Board.

1.2 Good information governance ensures that organisations handle information legally, securely, efficiently and effectively in order to support delivery of the best possible care. The 3 information governance areas in which the Board, and its partners, have statutory responsibilities are:

- Data Protection
- Freedom of Information
- Records Management.

2. Background

2.1 The Board holds a range of information and records – about its business, its members and any operational matters which come to its attention (such as complaints and information requests under freedom of information and data protection legislation). Its partners hold a far broader range of information (particularly personal information) about services and service users.

2.2 The Board is supported in its information governance responsibilities by information governance specialists in NHS Forth Valley and Falkirk Council. The Head of Information Governance in NHS Forth Valley is the nominated Data Protection Officer for the Board. NHS Forth Valley administers information requests on behalf of the Board.

2.3 The Partners have their own information governance teams, and existing mechanisms in place to ensure that both NHS Forth Valley and Falkirk Council have appropriate information governance arrangements in place. Within NHS Forth Valley, information governance matters are monitored through the Information Governance Group and reported to the Performance and Resources Committee. Within Falkirk Council, information governance matters are monitored through the Information Management Working Group and reported to the Corporate Management Team and the Senior Information Risk Owner.

2.4 There is a close working relationship between information governance specialists across the Partners underpinned by the Joint Information Governance Group (JIGG). The JIGG consists of information governance representatives from the Partners and other relevant public sector agencies, e.g. Scottish Fire and Rescue. The purpose of the JIGG is to promote partnership working and resolve any information governance issues as they arise.

3. Information Governance Assurance Report 2023/2024

3.1 This section of the report provides the Board with an overview of their requirements as a public body. It sets out the activity over the reporting period for the following areas.

Data Protection

3.2 The Board is subject to data protection legislation (UK GDPR and the Data Protection Act 2018), as are its partners. The Board pays a small annual fee to the UK Information Commissioner's Office (ICO) to register their position as a data controller. However, the Board processes minimal personal data (primarily information about its members, and details of anyone making information requests or complaints). By contrast, its partners hold a large amount of personal data about employees and service users/patients.

3.3 The Board received no Subject Access Requests (i.e. requests by individuals for their personal information) in the relevant period. This is to be expected given the Board holds limited personal data. The partners receive Subject Access Requests in their own right which relate to integrated services which are processed according to their own procedures.

3.4 One of the data protection principles is that data controllers must have appropriate security measures in place to protect personal data. NHS Forth Valley and the Council have information security policies and procedures in place to protect personal data, including the management of information security incidents / data breaches, for the assurance of the Board. There were no data breaches involving Board information in the relevant period. Again, this is to be expected given the Board holds limited personal data. The partners have their own processes in place to deal with any information security incidents / data breaches relating to integrated services and to ensure that all staff who handle personal data undertake appropriate training.

3.5 A key element of data protection legislation is the principle of "accountability". This requires Controllers to have practices in place which enable them to evidence their compliance with data protection legislation. The Information Commissioner issued an Accountability Framework to assist Controllers in managing and maturing their compliance.

3.6 Linked to this, Controllers must take a “data protection by design and default” approach to new projects with privacy implications, including ensuring data protection impact assessments are carried out and information sharing agreements are in place. This is of limited direct impact to the Board but has resulted in considerably more information governance work for its partners.

3.7 During this period, the JIGG have agreed and adopted new documentation to underpin information sharing activities between Partners (on a Controller to Controller basis) and to support joint data processing by the HSCPs.

Freedom of Information

3.8 The Board is subject to the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, as are its partners. The Board itself receives very few FOI requests, and most of these relate to information held by one of the partners. The partners receive FOI requests in their own right which relate to integrated services, and these are answered in line with the partners’ internal processes and obligations.

3.9 Six information requests were received under the Freedom of Information (Scotland) Act 2002 during 2022/23. This represents a drop in requests received by the Board compared with previous years (ten requests received in 2022/23). Unfortunately, due to the pressures on NHS Forth Valley Information Governance Unit, none of these requests were answered within the statutory 20 day period. As was reported in last year’s assurance statement, NHS Forth Valley has invested in a project to improve its compliance rates. This project is delivering improved performance however the recent progress was not captured in the period of this report.

3.10 Four information requests were answered late, and the applicant advised that the requested information was not held by the Board. One request was withdrawn, and one remains overdue for response.

3.11 The Board received no requests for environmental information in the relevant period. This is to be expected as the Board does not generally hold environmental information.

3.12 The Board makes information available to the public on a proactive basis by publishing a Guide to Information, based on a Model Publication Scheme issued by the Scottish Information Commissioner.

Records Management

3.13 The Board is subject to the Public Records (Scotland) Act 2011, as are its partners. The Act requires certain public authorities to prepare and implement a records management plan (RMP) which must set out proper arrangements for management of its records. The RMP must be broken down into 15 key elements and must be submitted to the Keeper of the Records of Scotland (Keeper).

3.14 The Board holds limited records in its own right but has an interest in ensuring its partners are properly managing their records relating to integrated services in line with their approved plans. The partners' records management arrangements therefore impact on the Board's RMP. NHS Forth Valley formally resubmitted its RMP in October 2022 (and received approval in June 2023). The Council's second RMP was approved by the Keeper in November 2021 and the Council has since submitted a voluntary Progress Update Review. The Keeper's report on that was published on 4th August 2023.

3.15 The Board submitted its first plan to the Keeper in March 2020. The Keeper's assessment of the plan is available on the National Records of Scotland website. It is open to the Board to submit a Progress Update Review at any time to the Keeper and this will be considered in the coming year, given the recent reports on partner's RMPs.

4. Conclusions

4.1 There are broadly appropriate arrangements in place to ensure the Board's compliance with its information governance responsibilities. There is an ongoing weakness in relation to compliance with freedom of information responsibilities which is being addressed via wider project work.

4.2 In relation to data protection responsibilities, the partners need to ensure that data processing activities adhere to the governance arrangements set out within the information sharing and joint data processing agreements.

4.3 In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plan. This will assist the Board to ensure it can demonstrate improvement on its own plan.

5. Report Author

5.1 Sarah Hughes-Jones, Head of Information Governance, NHS Forth Valley, Wendy Barber, Information Governance Manager, Falkirk Council

Appendix 2

Agenda Item: 6

Falkirk Integration Joint Board Audit Committee

17 September 2024

Internal Audit Annual Report 2023-24

For Noting

1. Executive Summary

The purpose of this report is to present the composite 2023-24 Annual Internal Audit Report to the Audit Committee. Section 1 of the Annual Report, including the Executive Summary, audit opinion, key themes and developments was previously presented to the Audit Committee on 18 June 2024. This provided overall assurance on the IJB's arrangements for governance, risk management and control, based on Internal Audit work undertaken and informed the compilation of the IJB's draft governance statement. In June, Section 2 of the Annual Report was separately provided to management to consider the audit findings and collate management responses.

1.1 Management responses and target completion dates have now been agreed for all 10 action points and included in the composite report. We will report on the effectiveness of action to address these recommendations in our 2024/25 ICE and Annual Report.

1.2 Recommendations from previous reports that remain outstanding have been updated, and management have provided responses and new target completion dates.

2. Recommendations

The Audit Committee is asked to:

2.1 Note this report in the context of evaluating the internal control environment for 2023-24 and consider any actions to be taken on the issues reported.

2.2 Note the internal audit recommendations and management responses documented within the report.

3. Background

3.1 The Falkirk IJB 2023-24 Annual Internal Audit Report is at Appendix 1. This report provides the IJB Audit Committee with an independent view of the overall adequacy and effectiveness of the framework of governance, risk management and control within the IJB. In turn, this informs the compilation of the IJB's Annual Governance Statement.

4. Internal Audit Opinion

The Falkirk IJB Chief Internal Auditor concluded that:

- Based on the work undertaken, I have concluded that:
  - Reliance can be placed in the IJB's governance arrangements and systems of internal control for 2023/24.

- In addition, I have not advised management of any concerns around the following:
  - Consistency of the Governance Statement with information that we are aware of from our work;
  - The format and content of the Governance Statement in relation to the relevant guidance;
  - The disclosure of all relevant issues.

5. Conclusions

5.1 The IJB Audit Committee is asked to note the evaluations of the internal control environment.

Resource Implications
There are no resource implications arising from the recommendations in this report.

Impact on IJB Outcomes and Priorities
Adequate and effective governance arrangements, including risk management and internal control, are necessary to deliver the outcomes and priorities of the IJB.

Directions
There is no need for a new or amended Direction as a result of the recommendations in this report.

Legal & Risk Implications
Internal Audit Strategic and Annual Plans help to ensure that the IJB complies with the Local Authority Accounts (Scotland) Regulations 2014. The plans are aligned with the IJB's Strategic Risk Register. The delivery of an Internal Audit service in itself helps address risk HSC002 in the Strategic Risk Register: Governance Arrangements.

Consultation
All Internal Audit reports are circulated in draft and reviewed by management prior to final publication.

Equalities Assessment
An Equality Impact Assessment is not required. All internal audit reviews which involve review of policies and procedures will examine the way in which equality and diversity is incorporated within documentation.

6. Report Author

6.1 Jocelyn Lyall, Chief Internal Auditor

7. Appendices

Appendix 1: Annual Internal Audit Report 2023/24

FTF Internal Audit Service

Falkirk IJB Internal Audit Service
Annual Internal Audit Report 2023/24

Issued To: **G Woodcock, Chief Officer**
M Keirs, Chief Finance Officer

Falkirk Integration Joint Board
Falkirk IJB Audit Committee

External Audit

I Wright, Internal Audit, Risk, and Corporate Fraud Manager, Falkirk Council

Contents

TABLE OF CONTENTS	Page
Section 1	
Executive Summary	3
Audit Opinion	4
Key Themes	6
Key Developments	8
Section 2	
Ongoing and required developments and actions	9
Section 3	
Assessment of Risk	34
Section 4	
Follow up of previous recommendations	35

Draft Report Issued – Section 1	12 June 2024
Final Report Issued – Section 1	**13 June 2024**
Target Audit Committee Date – Section 1	18 June 2024
Full Draft Final Report Issued	26 June 2024
Management Responses Received	6 August 2024
Target Audit Committee Date – Final Report	17 September 2024
Final Report Issued	**20 August 2024**

INTRODUCTION

1. The Falkirk Integration Joint Board (IJB) Internal Audit Plan is based on a joint risk assessment by Internal Audit and the Chief Finance Officer, mapped to the strategic risk profile and approved by the Audit Committee.

2. The Annual Report provides assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not and cannot provide the same level of assurance as a full review but do provide insight into the systems which have not been audited in full.

3. The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance, and control of the delegated resources.

4. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the Chartered Institute of Public Finance and Accountancy (CIPFA) framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

5. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:

   i) *Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:*

      (a) facilitates the effective exercise of the authority's functions; and

      (b) includes arrangements for the management of risk.

   ii) Conduct a review at least once in each financial year of the effectiveness of its internal control.

6. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.

OBJECTIVE

7. The Annual Report provides a holistic overview of governance within the IJB to provide assurance that there is a sound system of internal control that supports the achievement of the IJB's objectives.

8. This review examined the framework in place during the financial year 2023/2024 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:

   - *Corporate Governance*
   - *Clinical Governance*
   - *Staff Governance*
   - *Financial Governance*
   - *Information Governance*

9. The 2023/24 Annual Internal Audit Report should inform the IJB's judgment on the Governance Statement.

GOVERNANCE STATEMENT AND CONCLUSION

10. Falkirk IJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other. The draft NHS Forth Valley Governance Statement concluded that 'During the previous financial year, no significant control weaknesses or issues have arisen, and no significant failures have arisen in the expected standards for good governance, risk management and control. Attention is, however, drawn to the key strategic risks reported to Forth Valley NHS Board during 2023/24 and in particular to the Treatment Time Guarantee underpinned by statute. All areas of escalation continue to be addressed through our Assurance and Improvement Plan with oversight and support from the NHS Forth Valley Assurance Board. This remains a key focus for NHS Forth Valley with internal governance structures to support progress with the required improvement work. Communications are in place to ensure that staff and members of the public are aware of progress being made'.

11. The Falkirk Council Draft Governance Statement was not available when this report was issued in draft on 13 June 2024 and therefore, we could not at that time provide assurance that items within it could impact on the Falkirk IJB Governance Statement. We liaised with the Falkirk Council Internal Audit, Risk, and Corporate Fraud Manager who advised at that time that they were not aware of any matters that would adversely affect the IJB. Subsequently, we have been provided with the draft 2023/24 Falkirk Council Governance Statement; there are no issues therein that directly impact the IJB.

12. Plans are in place to share information on partner assurances before the audited accounts are signed off at the 15 November 2024 Audit Committee, providing the opportunity for the IJB to review any issues of interest to the IJB included in either of the partners' year end conclusions on governance.

13. Falkirk IJB has produced a draft Governance Statement for 2023/24 which reflects their own assessment for areas for development, setting out several actions to further strengthen governance arrangements. A number of these have remained outstanding for several years.

14. Internal Audit has reviewed and provided commentary on the Governance Statement.

15. As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2023/24.

16. Based on the work undertaken, I have concluded that:

- **Reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24.**

17. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work.**
- **The format and content of the Governance Statement in relation to the relevant guidance.**
- **The disclosure of all relevant issues.**

RISK

18. Whilst there is no overarching corporate/strategic risk relevant to this review, our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

INTERNAL CONTROL

19. Falkirk IJB approved the appointment of Fife, Tayside and Forth Valley (FTF) Internal Audit and Falkirk Council Internal Audit Service as the IJB's Internal Auditors on 5 February 2016. From 2022/23 the Chief Internal Auditor role has been provided by FTF Internal Audit and in 2023/24, FTF provided all the audit resource, with input from Falkirk Council internal audit colleagues as required. The Audit Committee has approved the Internal Audit Charter, and we can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS). The protocol for the sharing of audit outputs between partner organisations is being reviewed.

20. FTF undertakes internal quality reviews against PSIAS every year. No issues of concern were identified in the 2023/24 review. During 2018/19 the NHS Forth Valley Internal Audit Service was externally quality assessed by the Institute of Internal Auditors who concluded that FTF generally conforms to the PSIAS. All actions arising from this review are now complete. A further External Quality Assessment will take place during 2024/25.

21. Falkirk Council Internal Audit Service is currently undergoing an External Quality Assessment. The last self-assessment in March 2023 identified some improvement actions and progress will be assessed as part of the ongoing External Quality Assessment.

22. The 2023/24 Internal Audit Plan was approved by the Audit Committee on 17 March 2023 and amendments to the Audit Plan were approved on 15 September 2023. Audit work undertaken has been sufficient to allow the Chief Internal Auditor to provide their formal opinion on the adequacy and effectiveness of internal controls.

23. To inform our assessment of the internal control framework, we developed a governance checklist which Internal Audit completed, based on examination of supporting evidence and in discussion with officers. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities.

24. Based on our work, we can provide assurance on the key arrangements in place at 31 March 2024; any ongoing developments and comment on where further development is needed is included in this report.

AUDIT FOLLOW UP

25. Ongoing and required developments and recommended actions from the 2023/24 audit are included in Section 2. Section 4 on audit follow up, details the progress update against previously reported audit actions, noting responsible officers and revised completion dates.

26. The Internal Audit Annual Report 2022/23, issued 13 June 2023, was informed by detailed review of formal evidence sources including Board papers and published documents along with discussions with key officers. As well as identifying key themes, the Annual Report 2022/23 made seven specific recommendations on:

    - Governance Statement improvement actions
    - Scheduling of annual assurances
    - Risk management

- Review and updating of the Clinical & Care Governance Framework
- Enhancement of the Integrated Workforce Action Plan
- Assurance over the implementation of Directions issued by the IJB
- Reporting on transformation projects and progress with savings plans

27. Since the issue of the Annual Report 2022/23, we would have expected these seven actions and all previous outstanding actions to have progressed towards completion. However, six of the seven 2022/23 actions have passed their target completion dates. There has been some progress with the scheduling of annual assurances. Our detailed follow up of all the outstanding recommendations from our previous annual reports are at Section 4.

28. The May 2024 Audit Committee Governance Statement Improvement Actions report highlights areas where original timelines have not been met.

29. In this report, we have provided an update on progress to date and, where appropriate, built on and consolidated previous Annual Report recommendations to allow refreshed action and completion dates to be agreed. This has culminated in new recommendations for which Management have agreed actions to progress by year end

30. Management have advised, since coming into post, the Chief Officer and Chief Finance Officer have recognised the outstanding actions and the need to progress. Management have also advised that a number of initiatives will be progressed over the coming months to start to address and review outstanding actions for relevance and action plans implemented and reviewed. Management will report updates to the IJB Audit Committee as this work progresses.

31. We have previously reported that governance developments identified within the IJB's own self-assessment and through internal and external audit recommendations have not progressed as anticipated. Progression of the Governance Statement Improvement Actions should be a key assurance to the Audit Committee.

32. Many of the findings identified in previous Annual Internal Audit Reports, particularly in relation to the monitoring of the delivery of Strategy and Transformation, as well as the flow of assurance over risks, remain relevant. Concerted action is required to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance and to improve the IJB's ability to monitor the achievement of operational and strategic objectives, including those necessary to enhance the sustainability of services.

33. Whilst some limited improvement since issue of our Annual Report 2022/23 can be evidenced, fundamental issues remain, and it is important that the IJB collate and prioritise outstanding actions and reports and develop a plan to address these systematically and in order of priority. From discussion with the Chief Finance Officer, we are aware that this is a planned development. Management has indicated the reviews noted at Paragraph 30, and a HSCP management restructure which is already under way will aim to move forward the actions required.

34. A number of key governance documents require to be reviewed and updated. Work on this should be prioritised and aligned to the new Integration Scheme.

KEY THEMES

35. On 23 November 2022 NHS Forth Valley was escalated to Stage 4 of the NHS Performance Escalation Framework for concerns relating to Governance, Leadership and Culture and the NHS Forth Valley Assurance and Improvement Plan continues to be progressed. This plan includes 10 actions related to integration.

36. During 2023/24 the IJB has experienced resource pressures that have impacted on progress with key areas of improvement work and governance related activity. These areas have been highlighted within the detailed findings of this report.

37. The Audit Scotland report – NHS Scotland 2023, issued February 2024, stated that *'significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability. The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.'* Internal Audit have recorded similar concerns and highlighted the strategic changes required. The financial risk for Falkirk IJB, NHS Forth Valley, Falkirk Council and the whole public sector has continued to increase.

38. As reported in our Annual Report 2022/23, the environment in which Falkirk IJB operates is both exceptionally complex and extremely challenging, particularly in terms of finance and workforce and there is no guarantee that arrangements being put in place can or will mitigate the associated risks to acceptable levels.

39. During 2023/24 both the Chief Officer and the Chief Financial Officer of Falkirk IJB retired. A new Chief Officer took up post in April 2024, and a Chief Financial Officer in May 2024.

40. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Scheme to be reviewed before the end of a 5-year period. The Scheme was approved in March 2018 and a review was due for completion by March 2023, but this was not achieved. Review of the Integration Scheme is progressing, with regular meetings taking place with all parties led by an independent expert and facilitator. The intention is for work to be completed by October 2024 ahead of submission to Scottish Ministers in November 2024. The completion of this work is important to ensure clearer governance and accountability processes and whole system decision making for prioritisation, thereby supporting improved integrated working, and providing clarity around operational and professional decision making.

41. Partners will need to work together to ensure that they deliver on the integration agenda and must ensure they are clear on their responsibilities, to be clearly articulated in the revised Integration Schemes, and that they fulfil their roles accordingly in the true spirit of integration.

42. An IJB development session in August 2023 started work to review progress against the self-evaluation submission to the Ministerial Strategic Group (MSG) in 2019. A workshop with the extended Senior Management Team was held on 15 September 2023 to consider priorities. Completion of this self-assessment features in the NHS Forth Valley Assurance and Improvement Plan and was due for completion by 31 March 2024. The Chief Officer update to the March 2024 IJB meeting confirmed that the process remains ongoing, taking into account emerging financial and workforce issues.

43. The IJB approved the 2023-2026 Strategic Plan on 31 March 2023. Since then, a strategy map including a core suite of progress measurement criteria and targets has been introduced to enable effective monitoring of progress. These performance measures are included within the quarterly performance reports.

44. The IJB has relied on the use of its reserves in 2023/24 and plans use of further reserves in 2024/25 to balance its budget. A £2.829 million release of reserves was included in the 2023/24 financial plan. A further £2.606 million was drawn from reserves to fund the 2023/24 net overspend on the integrated budget. As at the start of 2024/25 available reserves totalled £21.26 million, of which the vast majority at £17.5 million is earmarked for identified service pressures and developments as part of the IJB strategic plan.

45. The Medium-Term Financial Plan 2024-2028 underlines the need for transformation to achieve a savings requirement in 2024/25 of circa £18.5 million, rising to a four-year total of £28.2 million by 2027/28. Savings of this magnitude cannot be achieved without a significant transformation programme accompanied by clear prioritisation.

46. The IJB will need to deliver against its strategic objectives, with a renewed focus on transformation and change, within an environment that has significant financial and workforce constraints. Transformation is key to delivering improvements and financial savings sufficient to enable sustainable services.

47. FTF have developed Committee Assurance principles in partnership with Health Board client officers. During 2024/25 we will explore with Management the potential benefits of the application of the principles for the IJB.

KEY DEVELOPMENTS

48. Key developments since the issue of our 2022/23 Annual Report included:

- Approval of the financial budget for 2024/25.
- Approval of the Carers Strategy Delivery Plan.
- Approval to develop a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care.
- Approval of The Equality Outcomes and Mainstreaming Report 2024-2028 with two selected outcomes for 2024-2028.
- The Care and Support at Home (Care at Home and Supported Services) Framework agreement commenced 1 April 2024.
- Approval of the 2024-2027 Partnership Funding Investment Plan.
- Delegation of Primary Care Services, including GP Out of Hours Service, to Forth Valley Integration Authorities, hosted by Falkirk IJB.

ACTION

49. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

50. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

J Lyall BAcc (Hons) CPFA

Chief Internal Auditor

CORPORATE GOVERNANCE

Strategic Risks

- **Governance Arrangements — (Current Score: 9 – Medium, Target Score: 4 - Medium)**
- **Partnerships — (Current Score: 16 – High, Target Score: 3 - Low)**
- **Capacity & Infrastructure – (Current Score: 16 – High, Target Score: 12 - High)**
- **Assurance – (Current Score: 16 – High, Target Score: 12 - High)**
- **Commissioning – (Current Score: 16 – High, Target Score: 9 – Medium)**
- **Whole System Transformation – (Current Score: 12 – High, Target Score: 3 – Low)**
- **Resilience & Business Continuity – (Current Score: 15 – High, Target Score: 9 – Medium)**

Governance Arrangements

The IJB 'Guide to Information available through the Model Publications Scheme', updated in August 2021, provides an overview of governance documents.

The IJB's Standing Orders (SOs) were last updated and adopted by the IJB in March 2022. The SOs are scheduled for update when the Integration Scheme is updated.

In June 2023 the IJB was informed that the Scheme of Delegation would be revised and presented at a future meeting but, to date, the revised Scheme has not been submitted for consideration as the Integration Scheme is progressing.

A Code of Conduct for Board Members and Employees was last revised in November 2022.

The IJB has two Standing Committees – Audit Committee and Clinical & Care Governance Committee (CCGC). Terms of Reference (ToR) for both have been reviewed and updated in the past 12 months.

The IJB does not have a performance, finance, or resources committee. Management have advised that a review of governance arrangements is scheduled for the end of August 2024 which will include consideration of committee structures.

The Joint Staff Forum, which reports to the IJB through its minutes does not have Terms of Reference, but rather a Constitution dated July 2023. It covers both the Falkirk and the Clackmannanshire & Stirling Partnerships, and the purpose is to share employment matters relating to integration across the partnership. A sub-forum deals with matters unique to each partnership.

The Strategic Planning Group also reports to the IJB through its minutes.

The Audit Committee met on four occasions in 2023/24 and received updates at each on progress with audit recommendations and governance actions. The Audit Committee has an annually agreed workplan and the 2023/24 annual assurance report was presented to the June 2024 meeting with the plan to then submit to the IJB at their September meeting.

Completion of an Audit Committee Self-Assessment is one of the IJB's Governance Statement Improvement Actions. Internal Audit FK05-24 Audit Committee Self-Assessment was undertaken to inform this self-assessment and involved completion of a checklist based on the requirements of CIPFA's Position Statement: Audit Committees in Local Authorities and Police 2022. A number of findings were identified for consideration, these were considered at the June 2024 meeting of the Audit Committee and an action plan will be presented at the September 2024 meeting.

The IJB and its Committees use a standard approach for agendas, reporting formats, minutes, and forward planners. Progress against forward planners and the work considered is detailed within Annual Assurance Reports provided to the IJB alongside submission of all minutes of all committee meetings to the IJB throughout the year.

Annual assurance reports and routine reports to the IJB and Committees could be enhanced by providing an opinion of how effective these governance measures are. The FTF Assurance Principles, used throughout NHS Forth Valley, can be used to gauge the level of assurance derived from the information contained within the papers or submissions. This would enable a more transparent view of where any gaps in assurance exist, enabling resource to be concentrated on areas of greater risk.

Our Annual Report 2022/23 highlighted that required assurances on the effectiveness of the internal controls within Falkirk Council that support the IJB were not received in time for the approval of the IJB's draft Annual Governance Statement and this is again the case in 2023/24. This is due to timetables not aligning and management have advised that this will continue to be the case due to timing of annual accounts processes.

The annual assurance statements supplemented by an Annual Strategic Risk Performance Management Report and a Performance Report form the basis for evidence for the IJB's Annual Assurance Statement.

The extant Directions Policy (March 2021) states that the Strategic Planning Group (SPG) will provide an annual assurance report to the IJB, but this has not been provided.

In June 2023 the IJB approved that arrangements in place since March 2020 for the Chief Officer to deal with urgent issues would revert back and that key decisions that require the consideration and decision of the Board would be presented to scheduled meetings as required.

The Register of Interests is accessible via the Falkirk HSCP website and was available for all relevant parties. It is not readily apparent if the registers are up to date, and some are dated 2022. Whilst it is possible there has been no change it is recommended the currency of interests is reflected on the published Registers. Management have advised that, going forward, an annual email will be issued to remind parties to update if required.

Corporate support arrangements from both partners remain part of the review of the Integration Scheme. The June 2024 Audit Committee Governance Statement Improvement Actions report noted that the HSCP management team are actively reviewing the range of support required and that corporate services are largely managed within the partner organisations, and therefore engagement, availability and management rules remain to be firmed up.

Integration and Ministerial Steering Group (MSG)

Consultation to review the Integration Scheme started in June 2021 and work was delayed due to ongoing system pressures. As reported to the 31 March 2023 IJB Board meeting, officers met in January 2023 to progress the review. It was anticipated that final reports on the review of the Integration Scheme would be provided to the IJB, Falkirk Council and NHS Forth Valley Board in June 2023, before onward submission to Scottish Ministers. However, this timeline was not achieved.

The completion of this work is vital in ensuring clear governance and accountability processes and whole system decision making for prioritisation, supporting improved integrated working, and providing clarity around operational and professional decision making. An update provided to the IJB on 22 March 2024 confirmed that work was ongoing, supported by an external consultant and a project team with representatives from all partners, to complete a revised Integration Scheme by September/October 2024, with a further update to be provided to the Board at its June 2024 meeting. The most recent information that management have provided is that the planned completion date is December 2024.

Work started in August 2023 to review progress against the Falkirk IJB 2019 self-evaluation submission to the MSG. A Development session provided an opportunity for members in attendance from the IJB and the Strategic Planning Group (SPG) to review progress against the 2019 ratings and to discuss and agree areas for focus and improvement. This session included an overview of the financial position,

Strategic Plan, key findings from the Strategic Needs Assessment and the Workforce Plan. The Chief Officer update to the March 2024 Board meeting confirmed that this process was still ongoing.

The March 2024 Governance Report noted the opportunity to extend the MSG work to include a Board self-evaluation, once the new Chief Officer and Chief Finance Officer are in post. We fully support this intention.

A Board Development session is planned for 23 August 2024, and alongside the new Chief Officer and Chief Finance Officer being in post this is an opportunity for the Board to review existing arrangements, prioritise improvement actions and plan for the review of key governance documents alongside the ongoing Integration Scheme review process.

Strategy

The Falkirk HSCP Strategic Plan 2023-2026 was approved by the IJB on 31 March 2023.

Internal Audit Report FK05-23 – IJB Strategic Plan – was issued on 5 June 2024. This audit reviewed the arrangements for preparation and approval of the Falkirk HSCP Strategic Plan 2023-2026. We concluded positively that arrangements for preparation and approval of the Strategic Plan were appropriate, and the Strategic Plan contained all required elements.

Our audit opinion was that substantial assurance could be taken from the work carried out to date. We included one 'moderate risk' recommendation to consider a review of the Strategic Plan considering the current financial challenges to identify areas that are either no longer deliverable or could be delayed, easing financial pressures to ensure legal, national and local priorities are maintained and delivered.

Management responded that '*the Chief Officer and Chief Finance Officer, along with the HSCP management team are committed to the delivery of agreed savings and the longer-term financial sustainability of the HSCP. A focussed approach is being taken to driving forward the savings plans and transformation work over the coming years to facilitate financial balance. Savings has been the focus of a recent SMT development session and will feature in future development sessions and through our refreshed management governance arrangements going forward. Future budget development will be carried out in line with the strategic plan and with legal, national, and local policy in mind, and any revisions will be considered as part of the planning process.'*

In March 2023 the IJB approved the Falkirk Carers Strategy (2023 to 2026). The Strategy identified six commitments to carers, young carers, and parent carers, each of which had attached actions, outcomes and measures which would inform a Carers Strategy Delivery Plan. In March 2024 the Delivery Plan was approved by the IJB. The Delivery Plan will be overseen by the Carers Strategy Group.

There is agreement across the two Forth Valley HSCPs and the Health Board of the need for a strategic approach to palliative and end of life care, meaning that partners confirm available resource, quantify current and anticipated future need, and commission the required services from a range of providers across Forth Valley to ensure a transparent, equitable and sustainable approach. In March 2024 the IJB approved the development of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care. This will be considered by both Falkirk IJB and Clackmannanshire & Stirling IJB in November 2024.

Operational Planning

To respond to the challenges identified within the Strategic Plan 2023-2026 a high-level delivery plan was developed, identifying actions that align with current priorities. It identified four strategic priorities and three cross-cutting workstream priorities.

Community Planning

The Chief Officer and Head of Integration are members of the Community Planning Partnership (CPP) Strategic Board who produced the Falkirk Plan 2021-2030. Falkirk HSCP is represented on all the

working groups for the six plan objectives and is lead for two of the priorities in the plan Mental Health and Substance Use.

Performance

A Performance Management Framework is in place, outlining the reporting requirements to the IJB, NHS Forth Valley and Falkirk Council. The Framework sets out the required approach.

Quarterly performance reports to the IJB use a dashboard to monitor and benchmark current performance against the past 12 months with the direction of travel highlighted. Where required for underperformance, an exception report is referenced in the dashboard. The 2022/23 Annual Performance Report was considered by the IJB in June 2023 and the 2023/24 report will be presented to the IJB in June 2024.

Key issues highlighted in the March 2024 Quarterly Report were:

- 4-hour ED access at December 2023 was 46.4% - (47.7% in December 2022), well below the 95% target. The number of bed days occupied by delayed discharges at December 2023 was 2,037 (December 2022 – 1,406)
- Falkirk Council Social Work Adult Services complaints completed within timescale was 78% in the three quarters to December 2023 (65% to December 2022)
- Falkirk Council Social Work Adult Services overall sickness absence figure was 9.7% to December 2023 (11.1% in equivalent period to December 2022)
- NHS Forth Valley overall sickness absence figure was 8.17% in December 2023, with the rolling position being 7.07%.
- Psychological Therapies – at December 2023 74.6% of patients started treatment within 18 weeks of referral. (77.2% in December 2022).

In our Annual Report 2022/23, we highlighted that, whilst exception reporting within the Performance Reports provides an overview of current and past performance, along with a detailed analysis of the reasons and information on action being taken to support improvement, it does not detail whether any remedial action is effectively mitigating the issue. This has not been addressed and an update is noted in section 4 – audit follow up.

Lead Partner Services

Falkirk HSCP is the lead partner in Primary Care Services, Health Improvement Strategic Planning, Keep Well Service, Strategic Planning for elements of health improvement, Strategic Planning and Service Delivery for neurology rehabilitation.

The extant Integration Scheme (March 2018) contains no direct reference to Lead Partner (previously known as 'Hosted') arrangements and the refresh of the Integration Scheme should ensure that provisions to provide assurance reports to the other Forth Valley IJB are specified. Consideration should also be given to defining how Quality Assurance and other Clinical Governance Reports are shared across partners. An annual report for lead partner services that can be shared would also be an appropriate mechanism to provide assurance.

Risk Management

Internal audit FK02/21 – Risk Management was issued in April 2022 and provided Limited Assurance. An Action Plan was presented to the Audit Committee in June 2022. The IJB approved a revised Risk Management Strategy in November 2022 and was aligned with the NHS Forth Valley Risk Management Strategy, incorporating necessary elements from the Falkirk Council Corporate Risk Policy.

The annual Strategic Risk Management 2023/24 Performance Report was considered at the June 2024 Audit Committee meeting. The report provided reasonable assurance on the adequacy and effectiveness of the risk management arrangements in place.

The Risk Management Strategy is due to be reviewed in 2025 and this will include updating the risk management roles, responsibilities, and assurance reporting structures to reflect the new Integration Scheme.

The annual Strategic Risk Management 2023/24 Performance Report noted that, whilst there has been progress in some areas of the action plan, there are still actions where there has been no progress or significant delays. A revised timescale on completing these actions is required for 2024/25. The action to undertake risk Deep Dives has been significantly delayed, and 7 out of 9 Deep Dives are still to take place. Management has advised that an extended senior management risk workshop is planned in August 2024 including support from partner risk officers, to review the strategic risk register and action any required changes and planned deep dives where appropriate following this session.

We were pleased to note that the annual Strategic Risk Management 2023/24 Performance Report includes a comparison of the IJB's strategic risk with those of its partners, in line with a recommendation in Internal Audit A08/24 NHS Forth Valley's Internal Control Evaluation. Falkirk IJB's 'Assurance' Strategic Risk covers several separate NHS Forth Valley (and Falkirk Council) risks. With the transfer of operational management of Primary Care and Out of Hours Services to the IJB, consideration should be given as to whether these strategic risks need to be separately identified in Falkirk IJB's risk register. The report recognises that ongoing work is required to confirm with Lead Officers for each IJB risk: (1) what strategies or actions plans are in place to meet target risk (2) what is the target date on those strategies or action plans and (3) what are the key sources of assurance showing progress on these plans. Subsequent to the issue of this report in draft form, Primary Care has now been included in the IJB's Strategic Risk Register as a separate risk.

The process for assessing risk, its impact and likelihood are detailed within the risk reports submitted to the IJB and the Audit Committee, and within the annual Strategic Risk Management 2023/24 Performance report. The risk scores and place within the risk table determines the review timetable.

Risk	FIJB March 2023	FIJB March 2024	Target
Financial Sustainability	High - 16	Very High - 25	High - 12
Governance Arrangements	Medium - 9	Medium - 9	Medium - 4
Partnerships	High - 16	High - 16	Low – 3
Capacity and Infrastructure	High - 16	High - 16	High -12
Assurance	High - 16	High - 16	High – 12
Commissioning	High - 16	High - 16	Medium - 9
Whole Systems Transformation	High - 12	High - 12	Low – 3
Resilience and Business Continuity	High - 15	High - 15	Medium – 9
Primary Care Sustainability	High - 16	Very High - 20	Medium – 6
Non-delivery of Scottish GMS Contract	High - 12	N/A See below	

During 2023/24 the financial sustainability risk was increased to very high due to the identification of a significant savings gap. The Primary Care sustainability risk also increased to very high. Management have advised that a subsequent focussed review by the Head of Primary Care and appropriate officers has reduced the overall risk to High. All other risk scores remained static. Non-delivery of the Scottish GMS Contract was downgraded to an operational risk in September 2023. The Audit Committee has considered deep dives of the Financial Sustainability and Primary Care Sustainability risks.

The target scores will be challenging to achieve in the current circumstances. We would recommend that in-year trajectories are introduced, in additional to the longer-term target risk score, to allow realistic short-term targets to be set and progress to be assessed.

Best Value

The 2022/23 audited financial accounts, approved 15 September 2023, concluded that the Board had appropriate arrangements in place to secure best value and that the annual performance report is the Board's way of demonstrating this as part of its overall strategy captured in both the Strategic Plan and Medium-Term Financial Plan.

The 2022/23 Annual Performance Report outlined key features of the IJB's governance framework that were in place to support best value.

Communication and Engagement

Quarterly Communications updates are presented to each IJB meeting and provide ongoing monitoring of the implementation of the 2021-2024 Communication Strategy. The Falkirk IJB Participation and Engagement Strategy and the Communications Strategy 2021-2014 were due to be reviewed during 2023/24. The quarterly update in March 2024 (covering the period to December 2023) reported that development of the strategies would be carried out in Q4 2023/24 with locality plans for engagement and consultation expected in April 2024.

The June 2024 IJB considered and approved a set of strategic documents noted as providing a framework for the Partnership's communication and engagement activities to support the implementation of the HSCP Strategic Plan. Approval was sought for a Communication Strategy 2024-2027; a Participation and Engagement Strategy 2024-2027; and an Action Plan outlining the implementation of both strategies. The IJB were also asked to comment on the development of a draft Participation Agreement which outlines what people can expect from the HSCP and what we hope to achieve from participants.

Business Continuity

An Internal Audit Report, issued in September 2022, reviewed the IJBs Resilience and Business Continuity Arrangements and provided Limited Assurance. The agreed actions have been included within the Governance Statement Improvement Actions report, and progress monitored by the Audit Committee with the June 2024 report noting a red RAG status, reflecting that all seven recommendations remain outstanding.

This risk to the IJB is recognised and monitored within Strategic Risk 8 – Resilience & Business Continuity – which at the last review remains a high risk. Our Annual Report 2022/23 also contained actions in relation to business continuity and as reported to the Audit Committee in March 2024, these have not progressed in the past 12 months. The impact that the lack of progress on these recommendations could have on the strategic risk score should be considered. Refer to section 4 on audit follow up, noting a revised implementation date for the Resilience and Business Continuity audit report. Since the issue of this report in its draft form, management has advised that regular monthly meetings with partners have now commenced and HSCP officers are attending quarterly NHS Forth Valley Local Resilience Planning meetings.

We have been informed that each of the services have Business Continuity Plans saved in an MS Teams channel and that these will be reviewed during 2024.

Falkirk HSCP are supported by Falkirk Council's Resilience Team and partners in NHS Forth Valley who regularly provide information and support on wider business continuity issues.

Directions

The extant Directions Policy was approved in March 2021. Management have informed us that the Directions process remains under development and will follow the revision of the Integration Scheme. The 2023/24 Governance Statement reported that the action plan is in progress and Directions are issued quarterly, following IJB Board approval, however the level of detail recommended in the Internal Audit review is yet to be reached due to capacity challenges that are not likely to abate until

the revised management structure is implemented. Refer to section 4 on audit follow up, noting a revised implementation date for the Directions audit report.

Each quarterly Finance Report presented to the IJB includes an appendix summarising Directions, including budget movements, supported by a table outlining the reasons for the movement. For all committee reports, a statement is included to confirm whether a new Direction is required or not, or whether an amendment to an existing Direction is required, as a result of the recommendation(s) in the report.

Public Sector Equality Duty

The Equality Outcomes and Mainstreaming Report 2024-2028 was approved by the IJB in March 2024. The IJB have identified two outcomes to focus on in this period, in compliance with the minimum legal requirement.

An update on how the IJB met their last set of Equality Outcomes (2022-2024) will be included in the Annual Performance Report, due to be published in July 2024.

Action Point Reference 1 – General Governance Issues

Finding:

The majority of issues previously highlighted by Internal Audit and others which have resulted in agreed recommendations have not been taken forward as expected. Intractable, long-standing issues remain outstanding and are recognised in the Governance Statement Improvement Actions reporting to the Audit Committee.

Audit Recommendation:

Areas for improvement should continue to feature in the IJB's Governance statement and we would reiterate the need for robust monitoring by the Audit Committee, including consideration of the consequences of non-achievement on the overall control environment.

The update of the Integration Scheme and of the self-assessment against MSG recommendations need to be progressed with a specified target date for completion.

Revised target dates for completion of outstanding actions should be agreed and required remedial action should be reported to the Audit Committee for monitoring. Barriers to achievement and solutions to address these should be clearly identified and escalated to the IJB so that it understands their importance, impact and is able to take appropriate action.

Consideration should be given to whether a strategic risk on delivery of key governance improvements is required, including but not limited to assurances on operational delivery, meeting key targets, aligning of services to strategic intentions, failure of which could lead to concerns over delivery of the Strategic Plan, governance breaches, non-compliance issues and impact on the reputation of the IJB. Consideration should also be given to whether existing standing committees remits should be amended or whether any new standing committees should be established.

Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

Management Response/Action:

The review of Integration Scheme is being progressed by all partners with an external consultant and therefore somewhat out of the control of FIJB specifically, therefore not exclusively our responsibility. Any required input is progressed in the requested timescales and a draft statement was issued on 22nd July 2024 for final comments by officers involved. Financial section around risk sharing still being finalised. MSG work outstanding to be reviewed and progressed this year. Strategic Risk Workshop being held with senior management the end of August 2024 which will involve review of strategic risks and consideration of inclusion of additional items or separation of existing items and any more in depth work required. The outcomes of this workshop is likely to replace the requirement for deep dives in the current action plan. Updates to be reported to December Audit Committee.

Review of both IJB and management governance arrangements to be undertaken to help decision making processes and firm up/ make clearer governance arrangements.	
Action by:	**Date of expected completion:**
Chief Officer	**31 March 2025**

Action Point Reference 2 – Governance Documents

Finding:

Several governance documents need to be updated and revised. The Code of Corporate Governance was last updated in March 2022, the Standing Financial Instructions and Scheme of Delegation in 2017.

Audit Recommendation:

Related to the update of the Integration Scheme, the governance documents should be reviewed and updated as required. Any work that can be completed in the intervening period should be progressed.

Assessment of Risk:

Moderate

Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The Code of Corporate Governance will be informed by the IJB governance session on 23 August 2024. Standing Financial Instructions and Scheme of Delegation will be updated following the agreement of the revised integration scheme.

Action by:	Date of expected completion:
Chief Finance Officer	**30 June 2025** for all (Integration scheme to be agreed by new financial year)

Action Point Reference 3 – Assurances

Finding:

The Audit Committee, the Clinical and Care Governance Committee and the Joint Staff Forum provide the IJB with annual assurance reports confirming that they have discharged their remit and highlighting potential Governance Statement issues.

Whilst these annual assurance reports detail the process, they do not conclude on how effective these processes are.

Additionally, the Strategic Planning Group does not provide an annual assurance report to the IJB as required by the Directions Policy.

Audit Recommendation:

Assurance reports should conclude on how effective the standing committees' annual processes have been. Consideration could be given to proposing a level of assurance derived from the evidence contained within the report. The FTF Assurance Principles can be used to gauge the level of assurance derived from the information contained within the papers or submissions, enabling a more transparent view of where any gaps in assurance exist.

The Strategic Planning Group should provide an annual assurance report to the IJB to inform their Governance Statement.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:

Consideration will be given to levels of assurance being given when reporting. Senior Service Manager and Chief Financial Officer to review options with examples from other areas and implement updated process from next year's assurance process point.

Action by:	Date of expected completion:
Senior Service Manager/Chief Finance Officer	**30 June 2025**

Action Point Reference 4 – Risk assessment	
Finding:	
The IJB's 'Assurance' Strategic Risk covers several separate NHS Forth Valley (and Falkirk Council) risks.	
Audit Recommendation:	
We recommend that with the transfer of operational management of Primary Care and Out of Hours Services to the IJB, consideration should be given as to whether these strategic risks need to be separately identified in the IJB's risk register.	
Assessment of Risk:	
Moderate	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
Primary Care Sustainability recently included in SRR separately**.** Strategic Risk Workshop being held with senior management at the end of August 2024 will involve review of strategic risks and consideration of inclusion of additional items or separation of existing items.	
Action by:	**Date of expected completion:**
Chief Financial Officer / Chief Officer	**31 December 2024**

Action Point Reference 5 – Risk Score Targets	
Finding:	
Target risks scores for some of the strategic risks will be extremely challenging to achieve in the short to medium term due to current funding, capacity, and service pressures.	
Audit Recommendation:	
We recommend that in-year risk trajectories are introduced for strategic risks, in addition to the longer-term target risk score, to allow realistic short-term targets to be set and progress to be assessed.	
Assessment of Risk:	
Moderate	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
The development of in-year targets will be considered as part of future risk management improvement plans. At this time the best way forward is to hold the workshop set out and ensure any focussed reviews are carried out, with consideration of this recommendation as updated SRR develops.	
Action by:	**Date of expected completion:**
Chief Finance Officer/Chief Officer	**August 2025 – Consideration of in year targets**

Action Point Reference 6 – Programme of Strategic Risk Deep Dives	
Finding:	
Since September 2023 'deep dives' on specific strategic risks have been undertaken to provide the Audit Committee with assurance that risk management arrangements are operating effectively. Two reviews have been undertaken in year but there is no regular programme in place.	
Audit Recommendation:	
A full, rolling programme of risk 'deep dives' should be created and submitted to the Audit Committee and the IJB for approval. This should be targeted at the higher risk areas first and the programme should be monitored to ensure that the reviews are carried out as planned.	
Assessment of Risk:	
Moderate	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
Again as part of the risk workshop outcomes to determine appropriate risks, consideration will also be given to a programme focussed reviews to be carried out as soon as possible after the initial workshop. It is not expected that deep dives of all Strategic Risks will be required following this process.	
Action by:	**Date of expected completion:**
Chief Finance Officer	**31 December 2024**

CLINICAL AND CARE GOVERNANCE

Strategic Risks

- **Primary Care – (Current Score: 20 - Very High, Target Score: 6 - Medium)**

Clinical and Care Governance Arrangements and Reporting

The 'Clinical and Care Governance Framework' was approved by the IJB in March 2016. In response to recommendations made by Internal Audit the IJB agreed the development of a revised framework. There has been no formal update on progress and Internal Audit has been informed that this will now follow on from the revision of the Integration Scheme and is therefore likely to be towards the end of 2024. Refer to section 4 – audit follow up, noting a revised implementation date.

The Clinical and Care Governance Committee (CCGC) approved interim Terms of Reference in September 2023. Subject to approval in June 2024, the CCGC will provide its annual assurance report for 2023/24 to the September 2024 IJB.

Minutes of each CCGC are presented to the IJB. As previously reported by internal audit, minutes may be valuable for the group itself but are not normally an efficient and effective source of assurance. A regular assurance report to the IJB would allow issues to be collated and presented in a way that gives readers a concise and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest.

As previously recommended by Internal Audit, the CCGC annual assurance statement 2022/23 was presented to the IJB. However, this was presented on 23 September 2023, which is too late for inclusion of any issues in the Governance Statement. It concluded that *'Assurance and governance are provided to a large extent by having an oversight and adequate reporting mechanisms from the various Health and Social Care Partnership groups, NHS committees and Public Protection Groups within the governance infrastructure. These groups demonstrate in-depth consideration of broad agendas. There is also scrutiny of proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Health and Social Care Partnership'*. It did not conclude on adequacy and effectiveness of clinical and care governance arrangements.

The CCGC approved their Forward Planner for the 2024 calendar year in November 2023. The CCGC continues to consider standing agenda items covering Healthcare Associated Infection, local oversight arrangements, inspection reports, complaints, and national publications. The Local Oversight Arrangements report provides updates on child and adult protection, Care Home reviews and updates from groups, including on NHS Forth Valley Clinical Governance arrangements, the Alcohol and Drug Partnership, the HSCP Clinical and Care Governance Management Group, the Falkirk Adult Protection Group, and the HSCP Health & Safety Management Group. The HSCP Clinical and Care Governance Management Group's meeting structure is based around the Vincent Framework, which is used by NHS Forth Valley's Clinical Governance Committee. The Framework seeks to answer, in relation to the services provided:

- Is care safe today?
- Was care safe in the past?
- Will care be safe in the future?
- Is our care person-centred?
- Are our systems reliable?

Reporting to the NHS Forth Valley Clinical Governance Committee on clinical and care governance risks and issues relating to functions under the direction of the IJB is on target to be implemented by July 2024, with the further development of the Whole System Assurance report to the Clinical Governance Committee. This report now includes assurance reports from the IJB. The Falkirk HSCP

assurance report in May 2024 provided Limited Assurance, reflecting that adaptations in the operation of meetings would allow fuller completion of the report.

Duty of Candour

The NHS Forth Valley Duty of Candour Annual Report 2022/23 was considered by the IJB CCGC in January 2024 and the Social Work Duty of Candour report 2022/23 was considered at the March 2024 meeting, having previously been approved by Falkirk Council at their meeting in December 2023.

Complaints

A Complaints Handling Procedure is in place, and the public website provides information on the complaints process. The CCGC reviews an Annual Complaints Report, as well as considering quarterly data.

As reported to the CCGC, for the HSCP complaints in March 2024, Social Work Adult Services performance improved overall from 74% of (closed) complaints answered within timescale in Quarter 2 to 85% in Quarter 3. Stage 1 performance improved from 81% to 83% and Stage 2 performance improved from 33% to 100%. NHS Forth Valley performance for quarter 3 was 70% for Stage 1 and 2.

Chief Social Work Officer Report

Following approval by Falkirk Council in December 2023, the Annual Report of the Chief Social Work Officer 2022/23 was presented to the IJB on 22 March 2024. This presented an overview of performance but did not include any conclusion on the adequacy and effectiveness of arrangements for the quality and safety of care.

STAFF GOVERNANCE

Strategic Risks

- **Capacity & Infrastructure – Current Score: 16 – High, Target Score: 12 - High**

The risk associated with workforce is within Strategic Risk 4 - Capacity and Infrastructure and is scored as 16 (Amber – High) with a target score of 12 (Amber – High). Consideration is being given to splitting this risk into two separate risks, one for Workforce and one for Infrastructure. This strategic risk is reviewed every six months by the IJB. The risk score remained unchanged at the most recent March 2024 review.

Oversight of staff governance is undertaken by the Joint Staff Forum, which provides an annual assurance statement to the Audit Committee and the IJB. The 2023/24 Assurance Statement was approved by the Joint Staff Forum on 18 April 2024 for presentation to the IJB in September 2024. Whilst the statement outlined the role of the Forum, its membership and business conducted for the year and how it provides assurance on staff governance, it did not provide a view of the effectiveness of the assurance process. We recommend use of FTF Committee Assurance Principles which will provide clarity and alignment using assurance levels in use by NHS Forth Valley's Standing Committees.

The 2023/24 Joint Staff Forum assurance report does not confirm whether up to date Terms of Reference for the Forum are in place and a workplan is not in place. Though the annual assurance report states that meetings are held bi-monthly, only four meetings were held in 2023/24 and the IJB has received minutes of the November and December 2023 only, in March 2024. Without submission of all minutes the IJB lacks in year assurance that the Forum is discharging its duties and does not have adequate oversight of key staffing risks.

We recommend that the Joint Staff Forum introduces a work planner which will ensure that all elements of its duties as stipulated in its Terms of Reference are discharged in year and that minutes are kept of each meeting and presented to the next available IJB meeting. We reported this in our Annual Report 2022/23 and recommended that 'Reports on delivery of the workforce plan, including metrics to assess both implementation and effectiveness should be provided to the IJB, with a clear linkage to the Capacity risk and the potential impact on service delivery, transformation, and finance. The Workforce Plan should, as a minimum, contain a 'gap analysis' of the needed staff resource, specifying job role and staff numbers.

Workforce Plan

The extant plan is the Falkirk HSCP Workforce Plan 2022-2025. Work has started on an updated plan which is due to be published before the start of the financial year 2025/26.

During 2023/24 the IJB did not receive any updates on progress with the Workforce Plan.

In response to our Annual Report 2022/23 management informed us that '*The IJB focused on workforce matters at their recent development day, (August 2023). It was agreed that the HSCP undertake focused work to look at the baseline workforce pressures to enable effective future planning/ modelling whilst reviewing the impact of work undertaken to date and consider any further opportunities to address workforce challenges and ensure that services have clear targets for recruitment and retention that will enable services to identify the resources needed to meet current and future demand. Given this information is not currently held, it is anticipated that it will require some time to complete the initial baselining exercise. The HSCP is currently working with the Council and NHS as the employers to identify a resource to take this work forward*'. This action is ongoing. Refer to section 4 – audit follow up.

Whistleblowing and Fraud Standards

Both NHS Forth Valley and Falkirk Council have Whistleblowing and Fraud policies available on the respective intranets for each organisation.

However, there is no explicit reporting to the IJB in these areas, and we recommend formal assurance reporting from partners on arrangements to comply with both the Whistleblowing and Fraud Standards is introduced.

Action Point Reference 7 – Joint Staff Forum

Finding:

The Board have not received all minutes of the Joint Staff Forum meetings that have taken place in year.

The Joint Staff Forum do not use a forward planner.

Audit Recommendation:

Full minutes of all Joint Staff Forum meetings should be provided at the earliest opportunity to the Board to ensure that it is sighted on, and has oversight of, key staffing issues and risks.

An annual work plan should be used to ensure that the Forum can plan their agendas around ensuring that they discharge in full their remit.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:

On checking one minute was missing due to timing of minute being available. We will ensure that future Joint Staff Forum minutes are all made available to the Board.

The recommendation for a Joint Staff Forum workplan is reasonable and engagement will be undertaken with partner HR contacts with a view to implementing this from next year (2025/26).

Action by:	Date of expected completion:
Head of Integration	**Minutes – Complete** **Work Plan – 30 April 2025**

Action Point Reference 8 – Assurances from Partners	
Finding:	
Whilst both NHS Forth Valley and Falkirk Council have formal policies in place relating to suspected fraud or whistleblowing concerns there is no explicit assurance reporting to the IJB	
Audit Recommendation:	
We recommend formal reporting on an appropriate basis by requesting reports from partners on both the Whistleblowing and Fraud Standards.	
Assessment of Risk:	
Moderate	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
Partners both have arrangements in place re whistleblowing and fraud. There are also corporate fraud updates to Falkirk Council's Audit Committee. These assurances feed into the IJB's Annual Governance Statement and each partners Annual Governance Statements. It is planned that the IJB's 2024/25 Annual Governance Statement will be updated to include comments to the effect that partners fraud and whistleblowing policies have been implemented across HSCP Integrated Functions, based on :- IJB ICE, NHS ICE, Council Directors Assurance Statements.	
Action by:	**Date of expected completion:**
Chief Finance Officer	**30 June 25 (annual accounts/AGS process)**

FINANCIAL GOVERNANCE

Strategic Risks

- **Financial Sustainability (Current Score: Very High – 25, Target Score: High -12)**

Financial Sustainability

Delivering the IJB's strategic and commissioning priorities within the available budget and resources is a significant challenge. The Strategic Financial Sustainability Risk has now been reassessed and scored at 25, which is the highest it can be. This score is appropriate and aligns with financial risks in the partner organisations. The target score of 12 will be difficult to achieve in the short to medium term.

Standing Financial Instructions and the Scheme of Delegation have not been updated since 2017. We have included an overall recommendation to update all governance documents, aligned to the new Integration Scheme.

Budget Setting 2023/24 and Medium-Term Financial Plan 2023 to 2027

The business case for 2023/24 was approved by the IJB on 31 March 2023 and set out a funding gap of £13.493 million, with a savings programme to bridge the gap.

Savings were risk assessed as 48% red, 30% amber and 22% green. The plan proposed using £2.829 million reserves, met partly from general reserves but, to preserve a minimum contingency gap, utilising some earmarked reserves.

A Medium-Term Financial Plan 2023 to 2027 was also approved by the IJB on 31 March 2023. This presented a savings requirement of £19.057 million over the four years, with £13.493 million required in year 1 (2023/24).

Financial Reporting

Regular finance reports setting out the most up-to-date position and the projected out-turn for the year are reported to each meeting of the IJB.

The draft unaudited results for the year 2023/24 present the following full year outturn:

- an overspend of £7.875 million against the set aside budget, to be managed by NHS Forth Valley
- an overspend of £2.606 million against the integrated budget, to be managed by a further call (in addition to the £2.829 million planned call) on brought forward reserves
- a reduction of £7.568 million in reserves, £5.435 million utilised to manage the 2023/24 overspend and £2.133 million earmarked reserves used in line with their intended purpose
- savings of £7.855 million, against £13.493 million planned (58%) – savings achieved include £2.829 million non-recurring reserves identified as part of the 2023/24 plan

Whilst finance reports monitor the progress of the savings requirement in total, there is an absence of specific plans on identified savings streams and updates on transformation programmes. Reporting is included in several different reports to the Board, but there is no single report dedicated to transformation and achievement of savings. We would recommend that transformation and savings reporting should be developed and included within the annual work plan for reporting to the IJB. This was previously highlighted in Annual Report 2022/23 but has not progressed. Refer to section 4 – audit follow up.

Financial Planning

The Medium-Term Financial Plan (MTFP) 2024 - 2028 was presented to the March 2024 IJB and set out an estimated savings requirement of £28.2 million over the four years; £18.429 million of this is required in 2024/25.

It is unlikely that the IJB will be able to close its underlying financial gap using operational efficiencies. In order to present a balanced budget for 2024/25, non-recurring savings totalling £4.090 million have been proposed by utilising reservices, £3.856 million from the general fund and earmarked reserves and £0.234 million from development funds not yet required for their intended purpose.

Since the approval of the 2024 – 2028 MTFP, the full year results for 2024/25 have been produced. Due to overspends in excess of forecasts a further call on the IJBs reserves to support the 2023/24 position was made, resulting in reduced reserves going forward into 2024/25. The IJB has £3.691 million contingency and general fund reserves brought forward at 1 April 2024, along with other reserves. The Plan presented in March 2024 to support 2024/25 proposed utilising £3.856 million of general and earmarked reserves.

The use of reserves to balance operational, day-to-day costs may relieve the pressure short-term but it is recognised that it is not a sustainable policy.

Savings targets in 2023/24 were not met and therefore it is clear that transformation is required. The Strategic Plan 2023 - 2026 reflects this and the desire to successfully deliver it. The Chief Officer's report to the March 2024 IJB detailed the February 2024 Joint Development Session with Clacks & Stirling IJB that covered both the challenges and the need for transformation in Primary Care.

A Partnership Funding Investment Plan 2024 to 2027, approved by the IJB in March 2024, outlines funding priorities for ringfenced funds available to support the delivery of the Strategic Plan and to "accelerate and enable transformation on a whole systems basis". Within this Plan £0.250 million 'Ideas and Innovation' Funding has been allocated to the Transformation Board to invest in small-scale immediate innovations which can result in longer-term savings.

Whole System Transformation is a strategic risk and was reviewed by the IJB twice in 2023/24, most recently in March 2024 where the score remained at 12 (High) with a target score of 3 (low). The review of the risk notes that development of a prioritised and costed transformation plan to support delivery of the Strategic Plan is a further control required. No target date for completion and approval of this plan has been set. Given the immediacy of the financial challenge, we would recommend that this be a priority for management.

The Transformation Board reports to the Senior Leadership Team and has oversight of the identification and delivery of transformation programmes and projects.

Governance Statement Checklist

In 2021/22 External Audit recommended that the IJB conduct a self-assessment against the CIPFA Financial Management Code with a revised target completion date of 31 March 2024. Since compliance with the Financial Management Code is a collective responsibility of the senior leadership team, this was completed at a Board Development Event in October 2023. The review against 17 standards found that two were not applicable, 14 were fully met and one was partially met. The partially met standard related to the Code's requirement for a rolling multi-year financial plan. The IJB Medium-Term Financial Plan had been set for 2023/24 to 2026/27 and this would require to be updated on a rolling basis.

A CIPFA Statement on the Role of the Chief Financial Officer checklist has not been completed, and we would recommend that this be done on an annual basis going forward.

Action Point Reference 9 – Transformation Plan	
Finding:	
The Whole System Transformation strategic risk recognises that development of a prioritised and costed transformation plan to support delivery of the Strategic Plan is a further control required but no target date for completion and approval of this plan has been set.	
Audit Recommendation:	
Given the immediacy of the financial challenge, we recommend that a prioritised and costed transformation plan to support delivery of the Strategic Plan be a priority for management. A target date for completion and approval of the transformation plan should be agreed.	
Assessment of Risk:	
Significant	Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**
Management Response/Action:	
Budget strategy being developed for approval at IJB in September 2024. This will include formulation of transformation plans and efficiency planning over the medium term financial period which should address this recommendation.	
Action by:	**Date of expected completion:**
Chief Officer, Chief Finance Officer	Budget and updated MTFP will be agreed March 25 IJB with ongoing development thereafter.

Action Point Reference 10 – Year End Compliance Checklists

Finding:

Whilst a 'Compliance with the CIPFA Financial Management Code' was completed in-year, a similar checklist ensuring compliance with the CIPFA 'Role of the Chief Financial Officer' was not undertaken. This 'comply or explain' checklist supports Chief Financial Officers in the fulfilment of their duties and ensures that the entity has access to effective financial advice at the highest level.

Audit Recommendation:

An annual 'Statement on the Role of the Chief Financial Officer' checklist should be completed.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:

The IJB's Chief Finance Officer will develop a process, relevant to the IJB, to demonstrate compliance with the Role of the Chief Finance Officer in Local Government. The outcome of this will be reflected in the 2024/25 Governance Statement.

Action by:	Date of expected completion:
Chief Finance Officer	**30 March 2025 (annual accounts to be updated)**

INFORMATION GOVERNANCE

Strategic Risks

- **Resilience and Business Continuity (Current Score: High – 15, Target: Medium – 9)**
- **Capacity and Infrastructure (Current Score: High – 16, Target: Medium -12)**

An Information Governance (IG) Assurance Report 2022/23 was presented to the IJB in September 2023. The Report was authored by NHS Forth Valley's Head of IG, who is the nominated Data Protection Officer for the IJB, and Falkirk Council's IG Manager. It provided assurance on arrangements for IG applicable to the IJB and on IG arrangements in place within the partners that deliver services on behalf of the IJB. The Annual Report concluded that '*There are broadly appropriate arrangements in place to ensure the Board's compliance with its information governance responsibilities*.', with the following noted:

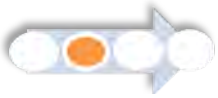
- *"There is an ongoing weakness in relation to compliance with Freedom of Information responsibilities which is being addressed via wider project work".* NHS Forth Valley administers information requests on behalf of the IJB.
- *"In relation to data protection responsibilities, the partners need to ensure that information sharing agreements are in place for any operational data sharing relating to integrated services."*
- *In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plans. This will assist the Board to ensure that it can demonstrate improvement on its own plan."*

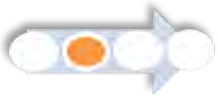
The Public Records (Scotland) Act 2011 requires certain public authorities to prepare and implement a Records Management Plan setting out proper arrangements for management of its records. The IJB submitted its first Records Management Plan to the Keeper of the Records of Scotland in March 2020. The IJB can submit a Progress Update Review to the Keeper at any time and, following both NHS Forth Valley and Falkirk Council submitting updated reports during 2023/24, the IJB will consider an update in the coming year.

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non-Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	**None**
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**	**Two**
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**	**Eight**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	**None**

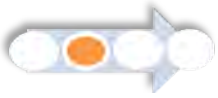
Annual Report 2022/23 - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Identification of Gaps in Governance Arrangements		
Agreed action: The Chief Finance Officer will work with Internal Audit during 2023/24 to further refine and improve the Governance Statement Improvement Actions quarterly report, to ensure the report incorporates new and emerging actions and to enhance the level of assurance provided by the report. The suggested report enhancements will be discussed by the CFO and Internal Audit during scheduled liaison meetings so these can be incorporated into future reports. It is unlikely these enhancements will be available for the September reporting cycle due to the need for further engagement and due to report lead-in times so the target completion date will be the December committee cycle. **Chief Finance Officer** **December 2023**	Enhancements to the Governance Statement Improvement Actions quarterly report are still in development. Meetings with IA to continue. CFO will review outstanding actions as part of review of governance arrangements and provide update following workshops to be held, with view to updating Audit Committee December 2024 on updated actions.	 Slippage Action by: Chief Finance Officer Revised completion date: Dec 2024
2. Annual Assurances – Annual Reports and Assurances from partner bodies		
Agreed action: It will be possible for the Audit Committee assurance report and CCGC assurance report to be approved by both the Audit Committee and IJB Board during the June committee cycle each year. However, other assurance reports may not be available for presentation in June where they need to be presented to partner organisations' committees first. **Senior Service Manager** **June 2024**	Audit Committee annual assurance report to 18 June 2024 Audit Committee which, pending approval, would be presented to the to the Falkirk IJB Board September 2024 for noting. CCGC draft annual assurance report considered at 21 June 2024 CCGC which noted it would be presented to Falkirk IJB Board September 2024 for consideration. Joint Staff Forum annual assurance report considered at 18 April 2024 JSF meeting which noted it would then be presented to the IJB in September 2024 for consideration as a suite of Annual Assurance Statements For 2024/25 we recommend the meeting schedule is amended to allow the CCGC and JSF Annual Reports to be presented to the June Audit Committee.	 Slippage Action by: Senior Service Manager Revised completion date: tbc Review of governance arrangements will require to be concluded to allow mapping of dates to confirm.

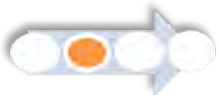
3. Risk Management		
Agreed action: A programme of deep dives is to commence during 2023/24 with the first deep dives being very much a test of change/trial. As the deep dive process becomes clearer, progress will be reflected in both the Quarterly Strategic Risk Register (SRR) reports to the audit committee and through risk reporting to the IJB. Board, other Committee and Senior Leadership Team (SLT) reporting templates will be reviewed to ensure the Legal & Risk Implications section incorporates additional guidance to ensure report writers adequately describe risk and link this overtly to current operational and strategic risks. As an initial action, and as part of the wider ongoing risk management work, performance reports will be shared with Business Support Manager to ensure a flow of information. **Chief Finance Officer, Senior Service Manager** **March 2024**	A programme of deep dives is now in place and updates were provided in 2023/24 within the Strategic Risk Report to Falkirk IJB Board. In 2023/24 risk deep dives were undertaken for SRR1 Financial Sustainability, SRR9 Primary care Sustainability, SRR10 Non-delivery of Scottish General Medical Services Contract. An update was provided to the September 2023 Falkirk IJB Board meeting on the deep dives undertaken, which noted that SRR10 Non-delivery of Scottish General Medical Services Contract had been downgraded to an organisation risk and had been removed from the strategic risk register. Board and committee papers do not overtly link risk to operational and strategic risks. Consideration of SRR by SMT and subsequent risk workshop likely to revise SRR and identify focused reviews required with a rapid turnaround. Expect the programme of deep dives should be removed thereafter.	 Slippage Action by: Chief Finance Officer, Senior Service Manager Revised completion date: Update to Audit Committee Dec 24
4. Clinical and Care Governance		
Recommendation: The Clinical & Care Governance Framework should be reviewed and updated as a priority, and a review of recommendations from internal audit report FK07-17 completed to ensure all recommended aspects are included. More regular direct reports on clinical and care governance should be provided to the IJB Board, to ensure members receive more frequent information on clinical and care governance. Now that delegation of services is complete, a gap analysis should be undertaken to ensure the CCGC has oversight of all services, including those for which Clackmannanshire and Stirling IJB is the lead partner. **Agreed Action:** This recommendation will be further discussed through dialogue between the	Review of the Clinical & Care Governance Framework is still to be completed. This is anticipated to be completed by end of 2024, following the completion of the review of the Integration Scheme. Regular direct clinical and care governance reports are not yet being provided to the Falkirk IJB Board. Gap analysis to ensure the CCGC has oversight of all services, including those for which Clackmannanshire and Stirling IJB is the lead partner is still to be completed. Review of governance arrangements being carried out end August 24. Revised arrangements and ToR are likely to come from review. Review will	 Slippage Action by: Chief Nurse Revised completion date: March 2025

Chair of the CCGC and internal audit, to be coordinated by the Senior Service Manager. **Senior Service Manager: September 2023**	consider the gap analysis to ensure oversight is complete.	
5. Workforce		
Agreed action: The IJB focused on workforce matters at their recent development day, (August 2023). It was agreed that the HSCP undertake focused work to look at the baseline workforce pressures to enable effective future planning/ modelling whilst reviewing the impact of work undertaken to date and consider any further opportunities to address workforce challenges and ensure that services have clear targets for recruitment and retention that will enable services to identify the resources needed to meet current and future demand. Given this information is not currently held, it is anticipated that it will require some time to complete the initial baselining exercise. The HSCP is currently working with the Council and NHS as the employers to identify a resource to take this work forward. **Head of Integration** **September 2024**	Updates on the delivery of the Integrated Workforce Plan are not yet reported to Falkirk IJB.	 Slippage Action by: Head of Integration Revised completion date: December 2024 The first element of the agreed action should be completed by the end of December 2024, but workforce planning will be on-going, given the evolving models of care, changes within job market etc.
6. Directions		
Agreed action: An action plan was previously identified to address audit recommendations following the review of Directions. The action plan has not been implemented and management would like to further defer implementation until after the intended review of the Integration Scheme, MSG self-assessment review and due diligence work following service transfers into the IJB during 2022/23. A timeline and terms of reference for these exercises is currently being agreed with Scottish Government as part of NHSFV escalation response and consequently a timeline for the Directions action plan will be set at a later date. **Senior Service Manager / Chief Finance Officer** **Target date to be confirmed**	The Directions process remains under development and will follow the revisions to the Integration Scheme. The revision of the Integration Scheme is expected to be completed by September/October 2024.	 Slippage Action by: Chief Finance Officer, Senior Service Manager Revised completion date: March 2025 Refer to Directions IA report – detailed below.

7. Savings		
Agreed action: Management agrees the use of reserves to deliver a break-even financial position can only be considered a short-term measure and recurring savings are required in the longer term to deliver a sustainable financial position. This is recognised in the annual business case and the medium-term financial plan. A workshop with IJB members will be considered in autumn 2023, after the summer recess, in order to support future, recurring savings delivery and to progress the 2024/25 business case and medium-term financial plan refresh. Specifically regarding transformation projects and delivery of the strategic plan, reporting arrangements have been developed and improved during 2022/23 and a process of continuous improvement will ensure the benefits arising from transformational change are adequately articulated. In many cases, transformational change leads to cost avoidance rather than the delivery of savings, for example, care closer to home avoids the need to invest in additional in-patient bed capacity but there are no "savings" unless in patient-bed numbers can be reduced through ward closure. Where material savings are delivered through transformational change, these will be reflected in individual project status reports and then linked to the quarterly Finance reports presented to IJB Board (which already report on Savings delivery). **Chief Finance Officer, Senior Service Manager** **December 2023**	The 2024/25 Business Case and the refreshed Medium Term Financial Plan 2024/5 to 2027/28 were submitted to the March 2024 Falkirk IJB for approval. The Business Case contained the 2024/25 savings plan including the use of non-recurring funds totalling £4.090m, £3.856m from reserves and £0.234m from development funds not yet required for their intended purpose, to address the residual financial gap until a recurring solution is identified. The MTFP outlines a significant savings requirement of £18.429m in 2024/25, with additional recurring savings requirements totalling £9.771m in over the following 3 years. Over the 4-year period, it is estimated that total savings of £28.200m will be required. Savings flash reports developed for agreed 2024/25 efficiencies. Reporting to each SLT from August 2024 meeting and along with budget monitoring reports going forward. Regular updating to Extended SMT and meetings with responsible officers being carried out by CFO. Budget strategy paper drafted for SLT/September IJB with updated indicative MTFP and strategy to be progressed to meet budget gap.	 Slippage Action by: Chief Finance Officer, Senior Service Manager Revised completion date: Budget/MTFP to be agreed March 2025

Risk Management – Update of Progress Against Actions		
Current Position and Target Date	**Comments**	**Assurance Against Progress**
Report issued – November 2021 The annual performance report was presented to the June 2023 Audit Committee, and this included progress and next steps on the Risk Management Action Plan. **March 2022**	During 2023/24 the Chief Finance Officer confirmed that the plan was being implemented and that sufficient progress had been made to change the risk management assurance level from limited to reasonable assurance. Work commenced during 2023/24 on e.g. risk appetite, deep dives, training and operational risk reviews. Risk work needs taken forward during 2024/25 and revised dates have still to be agreed. As noted above risk workshop August 2024 and follow up actions expected in due course. Deep dives likely to be replaced by focused reviews where appropriate. Not all SR's will require a deep dive.	 Slippage Action by: Chief Finance Officer Revised completion date: Update to Dec 2024 Audit Committee

Resilience and Business Continuity – Update of Progress Against Actions		
Current Position	**Comments**	**Assurance Against Progress**
Report issued – September 2022 Internal Audit recommendations and a Management Action Plan were presented to the Sept 2022 Audit Committee. All 7 recommendations remain outstanding with limited progress due to capacity constraints, other than progress towards the new corporate business continuity system and some underlying, housekeeping improvements. The Business Management Coordinator will now support implementation of the Action Plan and is developing revised timelines, targeting June 2024 to establish a project plan. **June 2023**	Work has been done e.g. winter planning; however, this needs to be taken forward during 2024/25 and revised dates have still to be agreed. Regular monthly meetings with our Falkirk Council and NHS Resilience Partners commenced in Q2 2024 with a focus on feeding into the wider Forth Valley Local Resilience Partnership Care at Home Framework and PARD (Persons at Risk Database). Falkirk HSCP have also been attending and contributing to the quarterly Forth Valley Local Resilience Partnership meetings and workshops throughout 2024. Training to take place in due course around severe weather, Care for People Framework, the HSCP will be presenting what care for people means to us at this workshop with a view to understand what care for people looks like across all partner organisations.	 Slippage Action by: Chief Officer, Chief Finance Officer, Heads of Integration, Senior Service Manager, Governance Officer Revised completion date: Dec 2024

Directions– Update of Progress Against Actions		
Current Position	**Comments**	**Assurance Against Progress**
Report issued – May 2022 **Agreed action:** Summary Directions are issued quarterly, following IJB Board approval however the level of detail recommended in the Internal Audit review is yet to be achieved due to capacity challenges that are not likely to abate until the revised management structure is implemented. Internal Audit's 2022/23 Annual Assurance Report, presented to the June 2023 Audit Committee and referenced below, made further reference to Directions and management has agreed that a revised timeline/ plan for detailed Directions will follow further activity in respect of MSG and review of Integration Scheme. Future Directions updates will be included as part of the commentary on the 2022/23 Internal Audit Annual Assurance Report. **September 2022**	The Directions process remains under development and will follow the revisions to the Integration Scheme. The revision of the Integration Scheme is expected to be completed by September/October 2024 A directions log has been put in place to record all directions issued and will be reported periodically to the IJB. Directions policy will be reviewed following agreement of updated Integration Scheme.	 Slippage Action by: Chief Finance Officer Revised completion date: June 2025

FK05/23 Strategic Plan - Update of Progress Against Actions		
Current Position	**Comments**	**Assurance Against Progress**
Report issued – June 2024 **Agreed action:** The Chief Officer and Chief Finance Officer, along with the HSCP management team are committed to the delivery of agreed savings and the longer-term financial sustainability of the HSCP. A focused approach is being taken to driving forward the savings plans and transformation work over the coming years to facilitate financial balance. Savings has been the focus of a recent SMT development session and will feature in future development sessions and through our refreshed management governance arrangements going forward. Future budget development will be carried out in line with the strategic plan and with legal, national, and local policy in mind, and any revisions will be considered as part of the planning process. **March 2025**	Budget strategy paper drafted for September IJB setting out approach for budget process and updating of MTFP. Focus on 2024/25 agreed savings implementation now underway and flash report developed for SLT/Ext SMT. Budget development will be considered in line with strategic plan and any revisions will be considered and agreed if required.	 On track Action by: Chief Finance Officer

FK05/24 Audit Committee Self-Assessment - Update of Progress Against Actions		
Current Position	**Comments**	**Assurance Against Progress**
Report issued – June 2024 **Agreed action:** The Audit Committee's extant Terms of Reference (last approved November 2023) and its 2023/24 papers and minutes were considered against the Checklist. From this, a number of findings have been identified for consideration, to either update the Audit Committee's Terms of Reference, update the Committee's operational practice or for wider consideration. Audit findings were noted by exception and were detailed in A memo for consideration by management, the Audit Committee, and the Integration Joint Board. Plans are in place to consider and report outcome to the September Audit Committee. **September 2024**	Will be considered and discussed as part of governance workshop in August 2024.	 On track Action by: Chief Finance Officer

Appendix 3

Annual Performance Report

2023/2024

Falkirk
Health and Social Care
Partnership

CONTENTS

Foreword 2
About Falkirk Health and Social Care Partnership 3
Priority 1 - Support and strengthen community-based services 8
Priority 2 - Ensure people can access the right care at the right time, in the right place 14
Priority 3 - Focus on prevention, early intervention, and minimising harm 18
Priority 4 - Ensure carers are supported in their caring role 23
Our Workforce 27
Communication and Engagement 33
Technology Enabled Care 36
Partnership Working 39
Equalities and Sustainability 42
Financial Performance and Best Value 45
Governance and Performance 51
Looking Forward 65

FOREWORD

Our 2023/24 annual report illustrates yet another rewarding year for those working in our local health and social care services.

The achievements of our hardworking colleagues across local authority, NHS, care organisations, community and voluntary groups are to be highly commended. Their daily efforts and long-term commitment to deliver high quality support throughout our communities ensures that people in Falkirk can live as well as possible.

This year, our Partnership has continued to grow with the addition of Primary Care, Prison Healthcare, Out of Hours Services, and Health Improvement Service being welcomed into the fold. By further integrating services, we have helped teams work closer together to benefit the people they support.

To name a few milestone moments over the past 12 months, we've celebrated the relaunch of our Short Breaks service for people with learning disabilities at Thornton Gardens; created new career paths within social work by introducing new roles and mentoring opportunities; launched a new online feedback platform for local services; received praise as the best place in Scotland to grow old as result of our high Care Inspectorate ratings for care homes; and last but not least – begun the implementation of our new 3-year strategic plan.

We hope this report provides a comprehensive snapshot of the many reasons to be proud of our Partnership. While there will be both expected and unseen difficulties ahead, we should keep these achievements in mind – as we already know we are up to the challenge.

Thank you,

Gail Woodcock
Chief Officer
Falkirk Health and Social Care Partnership

Councillor Fiona Collie
Chair
Integration Joint Board

ABOUT FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP

OUR PARTNERSHIP

Falkirk Health and Social Care Partnership (HSCP) delivers adult social care services and community health services in the Falkirk area.

Key services that the Partnership provides includes:

- Community health services – District Nursing, Mental Health, and Learning Disability services
- Contracted health services – GPs, Pharmacies
- Adult social care services
- Elements of housing services for aids and adaptations and gardening aid
- Aspects of acute services (hospitals) relating to unscheduled care

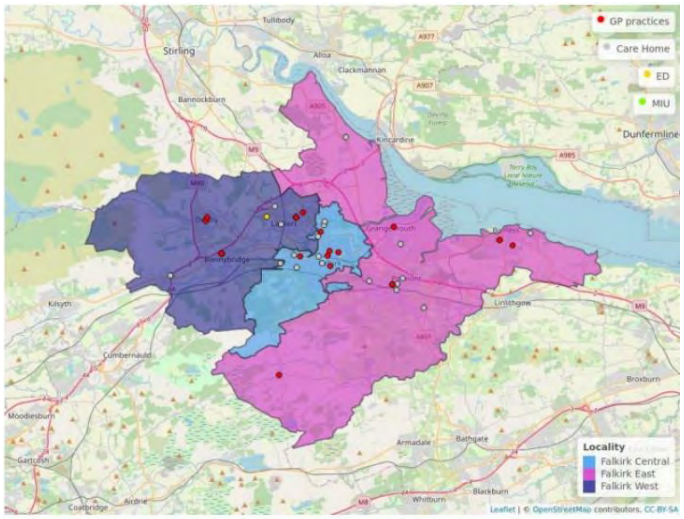
The integration of these services is about ensuring those who use health and social care services get the right care and support whatever their needs. This should be at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

OUR COMMUNITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation – the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 1).

Locality Managers have begun to progress work to develop locality plans that reflect the needs of the communities and our strategic priorities.



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Figure 1: Falkirk Localities Map

OUR CHALLENGES

1. Population Projections
Anticipated 80% increase in the 75+ population by 2043 and an expected decrease in working age population – potential increased demand with a limited workforce.

2. Inequalities
The difference of life expectancy between the most and least deprived areas is 10 years for men and 8 years for women, and the early death rate has increased by 50% in the most deprived areas.

3. Demand
Some services have struggled to manage increase in demand due to a multitude of factors such as Covid-19 restrictions, staff fatigue, and workforce challenges.

4. Workforce
We have an aging workforce with a sizable proportion of staff potentially nearing retirement as well as ongoing issues around recruitment and retention.

5. Mental Health
Primary care data shows depression is the 2nd most prevalent long-term condition, and Scotland has the second highest rate of suicide deaths of all UK countries.

6. Behavioural Factors
In the last five years, alcohol-related hospital admissions have been rising, and the drugs deaths rate increased by 234% between 2010 to 2020 from 10 to 33 annual deaths in Falkirk.

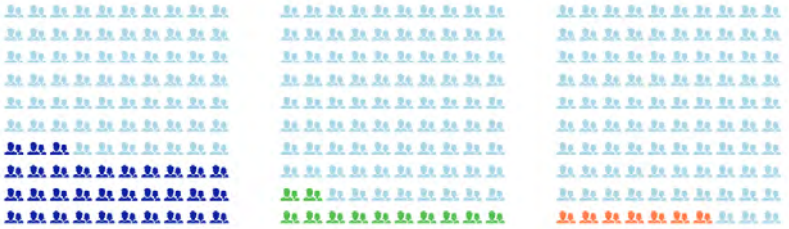
OUR LOCALITIES

Households

Central - 21,952 East - 31,754 West - 21,520

% that live with a long-term health condition

Central - 20% East - 19% West - 18%

% that live in the most deprived SIMD quintile

Central - 22% East - 12% West - 7%

OUR VISION AND LEADERSHIP

A key statutory duty of the Integration Joint Board (IJB) is to develop a three-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities.

The HSCP Strategic Plan (2023-2026) sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area and outlines how we will deliver adult health and social care services in Falkirk over three years.

Our vision:
"To enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities."

The following priority areas have been identified for the next three years:

1. Support and strengthen community-based services
2. Ensure people can access the right care at the right time, in the right place
3. Focus on prevention, early intervention, and minimising harm
4. Ensure carers are supported in their caring role

These priorities will be driven by three workstreams – Workforce, Technology, and Communication and Engagement.

The Delivery Plan was developed in February 2023 which provides high-level actions and timescales about how the HSCP will progress towards meeting the strategic and cross-cutting priorities.

The IJB is committed to delivering transformational change over the coming years to ensure financial sustainability. The Transformation Board meet regularly to review and approve transformation initiatives that will drive forward the changes needed to ensure services that are fit for the future can be delivered in a sustainable way.

The Falkirk HSCP Workforce Plan 2022-2025 outlines how the Partnership will support and develop the local workforce to deliver the vision for Falkirk, and support and improve the wellbeing of our communities. Work has started on an updated plan which is due to be published before the start of 2025/26.

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has nine National Health and Wellbeing outcomes to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care. This report sets out progress made towards our Strategic Plan and the National Health and Wellbeing Outcomes during 2023/2024.

National Health and Wellbeing Outcomes	Strategic Plan Priorities
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	Priority 1 - 4
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Priority 1 - 4
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	Priority 1 - 4
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Priority 1 - 4
5. Health and social care service contribute to reducing health inequalities.	Priority 1, 2, and 4
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Priority 1 - 4
7. People who use health and social care services are safe from harm.	Priority 1, 2, and 4
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	Priority 1 - 4
9. Resources are used effectively and efficiently in the provision of health and social care services.	Priority 1 - 4

Table 1: Association between the priorities of the Falkirk HSCP Strategic Plan and National Health and Wellbeing Outcomes

PRIORITY 1 - SUPPORT AND STRENGTHEN COMMUNITY-BASED SERVICES

FALKIRK OLDER PEOPLE'S DAY

Falkirk's Older People's Network is a coalition of local organisations working year-round to help individuals make the most of their later years, offering support, and raising awareness about available options for planning their futures.

Older People's Day (17 October 2023) is a collaborative initiative driven by local charities, community groups, and organisations dedicated to combatting social isolation and promoting the richness of later life. The event is organised by the Falkirk Older People's Network together with Falkirk HSCP, Solicitors for Older People Scotland, and Falkirk Delivers.

As we age, life continues to offer new opportunities, whether they are rediscovering long-lost passions or embarking on entirely new adventures. Falkirk's Older People's Day aims to make these opportunities more accessible to everyone, bringing the community together to discover new interests, access support, and forge new connections.

DEMENTIA FRIENDLY DENNY

The Dementia Friendly Denny Group meet every six weeks to bring together professionals, community groups, local businesses, schools, and people living with dementia and their families to challenge stigma and raise awareness of dementia and brain health.

A resource pack includes information, tools, and activities as well as support and interaction with the schools from our professionals. The Joint Dementia Initiative (JDI) service offers opportunities for pupils to volunteer, providing experience and skills for future work opportunities. The pack also includes tools to help communicate with and care for a person living with dementia. This will be implemented across the Falkirk area.

CUNNINGHAM HOUSE TRANSITION

Grangemouth's Cunningham House has completed a successful transition from a residential care home for people with dementia to offering stays of 6-12 months for people with physical reablement needs – creating a completely new type of rehabilitation support in the Falkirk area.

The 20-bed home now supports people leaving hospital who are beginning their rehabilitation journey following an accident or illness. The new option offers community-based support in a homely setting, rather than within a hospital.

For its existing residents, Cunningham has remained their home for as long as they need it. The process allowed residents to benefit from new co-located services and support options before anyone utilising the new physical rehabilitation service came to stay.

Cunningham's existing staff team has grown to include a range of other Allied Health Professions, including physiotherapy and occupational therapy. While creating additional jobs and adding new services to benefit long-term residents, the integrated staff team has helped people with dementia improve their daily lives and now offers people a homely setting to begin their onward recovery journey from hospital.

Alongside this project, the Partnership made additional investment in supporting local care homes to increase overall capacity for dementia care, acknowledging the future needs of residential dementia care.

HOME FROM HOSPITAL PARTNERSHIP

The Home from Hospital Partnership provides services to support patients being discharged from Forth Valley Royal Hospital, local community hospitals, and other intermediate care facilities.

Patients using the service are offered immediate support that helps them to be discharged safely from hospital and ongoing long-term support that helps them maintain their independence. The service has supported 1,578 service users in 2023/24.

Snapshot:
"I now have opportunity to become more social, as before I was sitting indoors and was very depressed… I am disabled and cannot work, but [Community Link Worker] did not ever make me feel that way. If it wasn't for her, I don't know how I would have survived at home."

STAY CONNECTED TRANSPORT SERVICE

Falkirk HSCP funded Dial-a-Journey to deliver the Stay Connected Transport Service, a membership-based service to help vulnerable people attend community groups and social activities in the Falkirk area, combating loneliness and isolation at no cost to the individual.

The pilot service aimed to help people who are unable to access transport due to mobility requirements, cost, or those who rely solely on others to access transport, providing a break for carers. The Stay Connected service has supported 33 service users on 1,246 journeys across the Falkirk area, which has saved service users a total of £6,350 in fares or on average £192 per person.

THORNTON GARDENS

Thornton Gardens offers breaks and holidays of up to two weeks for adults living with a learning disability. The team have adapted and decorated the home to create a lively and welcoming place for guests and their carers to have a break.

Thornton Gardens now has six themed ensuite bedrooms, a dedicated arts and crafts room, sensory den, American style diner space, therapy room, cosy

lounge, and a new games room. This was the result of the team's fundraising efforts of more than £1,000 at the Thornton Garden's open day.

The recent service transformation has been recognised by the latest Care Inspectorate report, which scored the service 'Very Good' in all assessed areas. It noted efforts made by staff and management to move away from the clinical feel of a care home to create homely and comfortable surroundings.

Snapshot (Care Opinion):
"The place is so cheery and welcoming with a sensory room and a separate craft and games room... My son enjoyed his time so much he didn't want to come home, he wanted to stay longer." It means more than you could imagine (13/07/2023)

DUNDAS RESOURCE CENTRE

Dundas Resource Centre supports its service users to get involved in fun and engaging developmental outings and activities to increase self-confidence, engagement with others, and enjoyment of life.

Activities include:

- Barbara Bryceland singing at the Big Summer Bonanza Day
- Christmas Party at Leapark Hotel
- Christmas coffee morning with family and friends and the Zetland Nursery Class singing Christmas songs
- Boccia Competition (service users won 2 Golds and a Bronze)
- Burns Day Celebration

Snapshot:
Female diagnosed with Dysphasia and Ataxia referred to Dundas Resource Centre as condition deteriorated. After joining the service, her "life has dramatically improved for the better. I am never judged at the service and although I struggle with my speech I am provided with the time and support to communicate."

CALEDONIA SERVICE

The Caledonia Service has developed a new community-based partnership working with Forestry Land and Scotland, Helix Park Rangers, Falkirk Library, and Forth Environment Link. This has increased social inclusion and participation opportunities in local communities.

Creating a referral pathway with Bellsdyke Psychiatric Wards is supporting patients to feel more informed and confident in accessing a community-based service during their hospital transition. This pathway has improved the appropriateness of referrals, decreased the time between referral and induction date, increased awareness of the service to NHS staff, and improved communication and relationships with staff and patients on the ward. This is resulting in a smoother transition from inpatient to community care.

Snapshot:
"During the last year, I've had two traumatic family experiences to deal with while still trying to manage my own mental health. I'm so grateful for the support I've received from Caledonia Service, from the chats and advice to giving me some structure and a feeling of hope. I'm not too sure how I would have managed without them."

LIVE YOUR LIFE

The Live Your Life service offers direct access to Strathcarron Hospice support for people with life-limiting illness and their carers. It emerged during Covid-19 as an alternative to day care. The team take a "start with what's strong, not what's wrong" approach to help people navigate uncertainty, chat through challenges, and together find ways for people to get on with living their life in their community.

Key outcomes:

- Early contact with hospice care when people choose.
- Help people explore what support is available and to plan ahead.
- Enable access to wider hospice services if needed.
- Connect people back into community where they can find people and purpose.

We now reach more people and at an earlier stage in their illness. The greatest challenge is raising awareness that most hospice support is provided in people's homes and focuses on living life well.

PUBLIC LIVING ROOM

Strathcarron Hospice set up a Public Living Room in its Stenhousemuir Charity Shop in July 2023. This is a free public space open to all, seven days a week. Based on Camerados Principles, there is comfortable seating and free hot drinks and biscuits for anyone to sit and "have a blether." The seating area was designed by Larbert High School students using upcycled materials.

Spaces, like the public living room, create social connection which plays an important role in sustaining mental health and wellbeing, reducing isolation and reliance on medical intervention. Some people have become shop volunteers for work experience or to help. In the first nine months, 5,148 free coffees were dispensed and shared between members of the public.

Snapshot:
A regular visitor enjoys the experience so much she is now considering volunteering with the shop. Attending the public living room means a lot to others who look forward to meeting her.

PRIORITY 2 - ENSURE PEOPLE CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

IMPROVING PRIMARY CARE

Primary Care services often act as the first point of contact for patients to access other services. This year significant work has been done in key areas.

Gathered data to better understand GP capacity across Forth Valley and plan for local demand and availability:

- An estimated 6,081 appointments delivered each day (urgent, routine, and house calls).
- 42 Practices carry out more than 50% of routine appointments face to face.
- In a typical 8,500 patient Practice, 212 patient results and clinical communications are dealt with daily with 123 results requiring clinical input.
- Each clinician sees an average of 23 patients per day.

In optometry and dental services, the statutory requirements for inspections have been maintained and provided valuable quality assurance on services to patients. Changes to community pharmacies following the withdrawal of Lloyds Pharmacy and all but one of their Forth Valley sites transferring to another Community Pharmacy contract holder. National dental reforms were introduced in November 2023 by Scottish Government to support dentists to maintain NHS services and local projects to support sustainability.

Other projects include the pilot implementation of Annual Reviews for Adults with Learning Disabilities, re-instatement of in person Protected Learning Time events for Practice staff, and continuation of routine and ad hoc inspections and support visits for Dental, Optometry, and Community Pharmacy.

Key challenges include:

- Recruitment and retention - a series of proposals to support General Practice are being progressed.
- Enhanced Services, additional to the General Medical Services contract, are under review with a focus on longer term sustainability.
- Support given to all Clinical Practitioners required to be listed/registered to work in Forth Valley.
- Financial pressures on the Primary Care Improvement Plan have presented a challenge in our ability to fully meet the commitments of the MOU from Scottish Government. Lack of additional funding necessitates service review to ensure delivery within the allocation.
- Providing services in rural areas remains a priority.

Patient communications has been developed to improve awareness of the range of activities carried out in General Practice. This also illustrates the significant volumes of daily activities to help show why services are under pressure.

FORTH VALLEY LONG COVID SERVICE

The new Forth Valley Long Covid Service provides a range of advice and specialist support to help people manage their symptoms and improve their health and wellbeing. It offers a range of one-to-one clinics and group sessions where people can access support from a wide range of healthcare professionals. People can be referred by their local GP, practice nurse, or other healthcare professionals involved in their care and the service will continue to work closely with a Long Covid Support Group to develop and improve local services.

NHS FORTH VALLEY WHOLE SYSTEM RESET

Between 13 November and 1 December 2023, a 'whole system reset' aimed to improve flow across services. Targeted plans focused on reducing the number of contingency beds in use in Forth Valley Royal Hospital to reduce the number of patients being delayed in their discharge or transfer from local hospitals as well as preventing hospital admissions. This aimed to relieve current service pressures, return occupancy levels back to a more manageable level, improve the experience of people using our services across the whole system, and reduce pressure on staff.

As a result, improvements included the number of patients who had been in hospital over 14 days, the discharge profile within the acute hospital, and some reduction in the number of patients not in speciality beds.

SHORT TERM HOUSING LETS

To reduce unnecessary hospital delays, the Partnership are facilitating the rental of two tenancies from Falkirk Council Housing by NHS Forth Valley. These tenancies will be used by people who are unable to return home until works have been undertaken on their homes, following a hospital admission.

It will support people to retain or regain independent living skills while freeing up hospital beds for people who require in-patient care. This is one initiative to improve capacity, improve the flow of patients through the system, reduce hospital length of stay, and help alleviate delays.

CHANGE CHAMPIONS TEAM

The Change Champions team was created in response to the actions identified within the Scottish Government 'Coming Home Implementation Report' and focuses on the creation and maintenance of the Dynamic Support Register. The purpose of the team is to review and (where possible) reduce the number of adults with learning disabilities who are inappropriately placed out of area, delayed discharged in hospital, or who are at risk of placement breakdown in their current environment.

NEW TRANSITIONS TEAM

The Transitions team was created to improve the experiences of young adults with additional support needs who are in transition from Children's to Adult Services. This pilot team have focused on improving pathways and connectedness between services, guided by the Principles of Good Transitions (ARC Scotland).

PRIORITY 3 - FOCUS ON PREVENTION, EARLY INTERVENTION, AND MINIMISING HARM

ALCOHOL AND DRUG PARTNERSHIP

Falkirk Alcohol and Drug Partnership (ADPs) is responsible for the planning of local support services in partnership with Falkirk Council, NHS Forth Valley, Police, Fire, and Third Sector colleagues.

ADP EXECUTIVE AND GOVERNANCE

A new ADP Executive Committee has been created to replace the previous ADP Committee. The new structure will ensure the operational and strategic membership are best represented and the workstreams are efficiently managed. This will include developing several subgroups to focus on specific areas of work as well as a Lived Experience Panel so that the voice of lived experience is central to the decision-making process of the ADP.

MAT STANDARDS IMPLEMENTATION

The Scottish Government published the Drug Deaths Taskforce's recommendations for the Medication Assisted Treatment (MAT) Standards in May 2021 to help reduce drug related deaths, and other harms and to promote recovery.

Work to implement the MAT Standards with partners across Forth Valley is ongoing. This has presented unique challenges and a fundamental systemic change in the way we deliver drug treatment services. This has created opportunities to develop new models of care to support, enable, and empower people to address their substance use.

RESIDENTIAL REHAB PATHWAY SELF-ASSESSMENT

During 2023, the ADP worked in partnership with Healthcare Improvement Scotland to map out existing pathways to residential rehab for people living in Falkirk. This work helped the ADP to better understand the changes needed to improve access for everyone and ensure that recovery was seen as a viable option for people who may not have considered it previously.

WHOLE FAMILY APPROACH

A new contract was developed with Scottish Families Affected by Alcohol and Drugs (SFAAD) to deliver services and support to people who are affected by a loved one's substance use. This offers increased opportunities for people to find the support they need at the time they need it.

DRUG DEATH REVIEW GROUP

In partnership with NHS Forth Valley and Public Health, the ADP has worked to understand reasons for local drug-related deaths and a group has been developed to review all deaths which have occurred. This has enabled systems and services to be scrutinised and potential systemic changes to be made with the intention of reducing future deaths.

TRAUMA CHAMPIONS STEERING GROUP

The Trauma Champions Steering Group includes representatives from NHS Forth Valley, both HSCP's, and all three Councils. In Falkirk, we have employed a Trauma Informed Policy Officer who is working with the three Trauma Champions to consider how each organisation would embed trauma informed practice. This work is fed into the Trauma Champions Steering Group and shared across the Trauma Champions to ensure consistency and equity across Forth Valley and identify any gaps or barriers.

As part of the National Trauma Training Programme (NTTP), the Scottish Government asked organisational leaders to commit to a leadership pledge supporting a trauma-informed and trauma-responsive workforce and services across Scotland. Falkirk HSCP supports the pledge from the Forth Valley Trauma Champion Steering Group.

ANNUAL REVIEWS FOR ADULTS WITH LEARNING DISABILITIES

A local Implementation Group comprising of Learning Disability Nurses, GP Clinical Leads, Primary Care Managers, the Keep Well Nursing team, and GPs have established a pilot project to develop models of delivery and inform future delivery plans to address the known inequalities this client group experience.

Patients from five Practices have been invited to participate with over 120 reviews carried out or underway. This has included patients within residential facilities and those who do not regularly attend their GP Practice. Bespoke methods of invitation, data gathering tools and patient evaluation methods have been developed as well as recording proformas.

Key outcomes for patients include the time spent with a clinician (between an hour and 90 minutes) and access to other services as needed (34% have required an onwards referral). There are financial challenges to mainstreaming the service as well as data recording within the existing GP IT systems. The GP IT re-provisioning project is well underway so efforts to improve recording has paused until we better understand the new system.

Due to the current demand for services and the time taken to carry out each review, a hybrid model will continue into 2024/25.

DEVELOPING HEALTHY RELATIONSHIPS

Falkirk Learning Disability Team are supporting people with a learning disability to develop healthy relationships. Launching an 8-week course and forming a Healthy Relationships Group, the team have raised the standards of services available and introduced suitable sexual health and relationship education for people with learning disabilities.

The new healthy relationship support uses interactive games and peer-to-peer learning in a safe and relaxed environment, helping people to understand complex and sensitive concepts in an accessible way. The team's work is rooted in strong evidence, working with sexual health nursing, local organisations who support gender-based violence survivors, and NHS Scotland to produce guidance for practitioners.

PROTECTING VULNERABLE ADULTS IN FALKIRK FROM HARM

This year's National Adult Support and Protect Awareness Day (20 February 2024) highlighted the emerging and growing issue of 'sextortion' scams, which involve fraudsters using the threat of sharing sexual information, photos, or videos to demand money or pressure people into sending further information.

Teams across Falkirk HSCP, Police Scotland, Falkirk Council, Scottish Fire and Rescue, and third sector organisations encouraged people to say something if they see something that isn't right.

MOBILE EMERGENCY CARE SERVICES (MECS)

The existing call handling system for MECS/telecare hardware could no longer be supported using the current supplier. An upgrade to utilise cloud technology, in line with Falkirk Council's Digital Strategy, had to be sourced.

All data migrated from the existing system in December 2023. This process is ongoing, and it is hoped that all service users will be migrated to the new system by summer 2024.

Performance in 2023/24:

- 34 staff in team
- 3,500 service users
- Approximately 1,200 visits per month
- 1,210 referrals
- 4,500 pieces of equipment

LIVING WELL FALKIRK

In April 2023, the Living Well Falkirk service appointed 1.5 Social Care Officers to two new temporary posts. We can now offer Living Well Falkirk Centre appointments five days a week. The updated website provides local information and pathways that allow the site to match people's assessment answers to suitable local activities.

Individuals take ownership of their assessments and feel empowered as the experts in their own abilities and needs. Rather than wait for a home visit from locality social work teams, people can get help from Living Well Falkirk staff at face-to-face centre appointments, via Near Me video calling, and by telephone.

Between April 2023 and March 2024, Living Well Falkirk staff supported people to complete 359 LifeCurve™ and 477 Area of Need (a specific everyday task such as going to the toilet) assessments. People's waiting times for support with simple daily living tasks has reduced from many months to typically one or two weeks.

Often people are not aware there are things they can do to improve their ageing journey. Many believe their only options are equipment, house adaptations, or carer's help to compensate for lost abilities. In 2024, we will build on ways to engage people to set goals and act now so they can keep doing the things that are important to them.

MENTAL HEALTH TRAINING

By delivering the following training courses to 152 people, we are building capacity, knowledge, and confidence across the workforce and within communities to support mental health.

- 2x Ask Tell Respond
- 5x Scotland's Mental Health First Aid
- 2x Applied Suicide Intervention Skills Training

Participants report an increase in knowledge and confidence to respond to mental and emotional distress and crisis, increased confidence to speak openly and honestly about suicide, and increased ability to guide a person to appropriate help and support.

STEP ON STRESS

Step on Stress is a 3-week stress management intervention for people aged 16 and over with mild to moderate stress levels. It aims to increase self-management and reduce the strain on primary healthcare and mental health services. We've delivered 11 live-streamed courses and one in-house with attendees generally reporting a reduction in stress. We are now working to extend the reach across groups experiencing inequalities.

PRIORITY 4 - ENSURE CARERS ARE SUPPORTED IN THEIR CARING ROLE

SUPPORTING CARERS

Falkirk HSCP works with carers and carer organisations to implement the Carer's (Scotland) Act 2016.

Key outcomes include:

- Falkirk Carers Strategy 2023-26 was published in April 2023.
- Falkirk Short Breaks Services Statement was approved in March 2024.
- There has been an increase in the number of carers accessing flexible respite budgets to directly support them in their caring role – increased availability of respite options from providers to meet demand.
- Supported gradual return to regular respite options following significant impact of the Covid-19 pandemic.
- Increased partnership working with organisations funded via the Carers Challenge Fund, which has improved access to BAME carers and those affected by substance use.
- Funded organisations are working together to share best practice to increase impact of carer support and reduce duplication.
- Recruited a Social Care Officer to support carers to access short breaks quickly and minimise risk of carers reaching crisis stage.
- Established a Young Carers workstream to focus on improving support for young carers.

Falkirk & Clackmannanshire Carers Centre provides a range of support services to carers of all ages.

During 2023/24:

- 2,738 carers have accessed the service.
- 579 Adult Carer Support Plans (ACSP) completed.
- 419 Adult Carer Support Plan (ACSP) reviews completed.
- 118 Young Carer Statements (YCS) completed.
- 53 Young Carer groups with 626 people attending.
- 408 short breaks grants provided.
- 118 Care with Confidence sessions with 959 people attending.

Supporting Young Carers:

- An increase in partnership working with Education Services has led to an increase in referrals to the service and more young carers are receiving support and have improved outcomes.
- 60% more Young Carer Statements (YCS) were completed compared to the previous year.
- The Carers Trust and The Big Lottery have funded a Young Adult Carer Development Worker and a Young Carers Involvement Worker.
- Partnership working with LGBT Youth Scotland has built a pathway for referrals, signposting, and future support opportunities.

Snapshot:
"I've always been able to rely on the project to help with mental health and be able to talk about what it's like being a young carer and now a young adult carer."

Supporting Adult Carers:

- Carer Support Workers and Telephone Support Workers have supported carers to improve their physical and emotional health and wellbeing and increased their confidence to continue caring and ability to enjoy a life outside caring.
- 2,089 adult carers accessed individual support including:
    - Help to complete an Adult Carer Support Plan (ACSP)
    - A short breaks grant and access to other short break opportunities
    - 1-1 emotional support from a telephone support worker
- Digital and system developments outside the Centre have reached more carers and increased capacity to provide information and preventative support.
- Challenges include a high number of carers requesting or being referred for an Adult Carer Support Plan (ACSP) which has led to a waiting list of 345 carers.

A programme of 'Care with Confidence' sessions covered topics to help carers in their caring role. Carers report that the sessions have:

- Improved their health and wellbeing.
- Increased their confidence in their caring role.
- Allowed them to spend time outside of caring.
- Improved their relationships with the person they care for and other family members.
- Enabled them to have a say.

Snapshot:
"I would gladly attend all sessions. Up till now everything was very helpful and topics that are on the list now might be the most important for me and my family."

SELF-DIRECTED SUPPORT

The Self-Directed Support (SDS) team support staff, service users, and carers to understand how self-directed support can empower them to have more choice and control over how their support is provided.

The Covid-19 pandemic had a lasting impact on support, including availability of provision, and people's confidence in engaging with support options and their community. The team is working with social care staff and SDS Forth Valley to support and encourage individuals and carers to consider options on how support can be accessed to meet agreed outcomes.

A SDS Steering Group supports further progress with implementation and considers the revised Statutory Guidance and the SDS Improvement Plan. This group will develop a local improvement plan and evaluate progress.

A snap poll of staff identified support and training needs, including identifying SDS champions. As a result, training sessions have been provided to social work staff. Individual support is being provided to staff, where required, to process SDS options and contracts. There are plans to embed the team within social work to provide direct support where needed while also raising the profile of SDS. The newly published Social Work Scotland SDS Toolkit can support staff with gaining confidence around supporting service users to explore SDS options.

Work continues to support service users and carers in accessing the different SDS options in line with their preference and the outcomes they want to achieve. This includes close partnership working with SDS Forth Valley, who have received funding to provide additional support to carers to help them identify support for their caring role.

A month of action is currently being planned for May 2024 to highlight self-directed support options within social work. This will include a range of publicity, video stories, and case studies.

Snapshot:
"My son has learning disabilities and cannot read, write, or fully look after himself but he is very sociable… It was important [SDS] met his needs but also was enjoyable and something to look forward to in the morning. He now has a mix of activities during the week, works on Newlands Farm at Muiravonside Park and has a good network of friends. Our SDS (Option 1) package gives me the confidence we can make changes to his weekly rota and look ahead as he grows older and support needs evolve."

OUR WORKFORCE

INTEGRATION OF SERVICES

The Partnership has welcomed new colleagues into its workforce following the integration of additional services, including Primary Care, Prison Healthcare, Out of Hours Care and the Healthcare Improvement Service.

Work has also begun to consider the integration of Justice Services and Children's Social Work Services into the Partnership.

The expanded remit of the Partnership provides new opportunities for the workforce, and an improved experience for people accessing support across the local health and social care system.

THE HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019

The Safer Staffing legislation came into effect on 1 April 2024. This includes the establishment of three layers of governance with HSCP partners and commissioned services – Safe Staffing Legislation Implementation Oversight Group, Operational Group, and Working Group. These groups involve appropriate representation across services and membership includes senior leaders and Directors.

SCOTTISH SOCIAL SERVICES AWARDS

The Joint Dementia Initiative and Caledonia Service were awarded Excellence within Mental Health Services, while Falkirk Council's Women's Justice Service was awarded Excellence in Justice Services category. The finalists gathered at the ceremony in Glasgow on 23 November 2023 to showcase and celebrate best practice within Scotland's social service sector. The Falkirk Learning Disability Team (FLDT) was also a finalist within the Excellence in Disability Services category.

ROYAL COLLEGE OF NURSING AWARDS

Senior charge nurse, Laura McCann has been awarded the Learning Disability Nursing Award at the 2023 Nurse of the Year Awards. The awards, run by the Royal College of Nursing Scotland, shine a spotlight on the best of nursing, to recognise, highlight and celebrate the dedication and outstanding professional care of nursing staff across Scotland.

Laura was one of seven Forth Valley finalists across five other categories in the RCN Scotland Awards, including the Unit 5 team at Falkirk Community Hospital (Runner up for the Nursing Team of the Year Award)

NEW HOME FOR THE PARTNERSHIP

Desk-based staff in Falkirk HSCP moved to Falkirk Stadium, providing new, modern, and fit-for-purpose office spaces meeting the new flexible and hybrid way of working.

The move to Falkirk Stadium also marked the closure of Denny Town House, which colleagues have known as the base for Falkirk's social care services for many years. With a growing team covering planning, policy, performance, and communications, Falkirk HSCP has outgrown its accommodation at Denny Town House, which provided dated, cellular layouts and are no longer suitable for modern working.

Also, the Social Work team within Meadowbank moved to the Grangemouth Social Work office, bringing together adult community care colleagues with social work teams covering children and family support.

PERMANENT REDEPLOYMENT OF STAFF

All community hospital staff have been supported through temporary to permanent redeployment and have been moved into new positions within Forth Valley Royal Hospital. Many staff have developed further skills within their new posts, and staff report that they have felt supported throughout this difficult process. As a result, staffing levels remain excellent throughout community hospitals and we are retaining staff as well as recruiting to any natural waste positions.

HEALTH AND WELLBEING FUNDING – HOME CARE TEAMS

Staff in Falkirk's Care and Support at Home teams were asked via an internal survey how funding could better support staff health and wellbeing. Feedback helped shape a 'Wellbeing Grab Bag', which included wellbeing vouchers for use at Falkirk Leisure gyms and Callendar House tearoom, branded water bottles, stress ball, and smart health fitness tracker watch, and useful leaflets and support information for mental health, better sleep, and managing menopause.

Bags were available for all staff working in Care and Support at Home teams, who secured funding from Inspire Scotland to purchase bags and contents.

RECRUITMENT AND RETENTION WORKING GROUP

The group's remit is to identify, implement, and evaluate strategies focused on the recruitment and retention of qualified Social Workers and Occupational Therapists.

Two new roles were introduced across all Social Work Services: Assistant Team Manager and Advanced Practitioner. These roles provide a clear career pathway for employees recognising an ambition for some to progress towards management and others to remain in practice. These posts have been successfully recruited.

We continue to face challenges in recruiting and retaining qualified Occupational Therapists and Mental Health Officers in line with the national position. We are currently sponsoring three Social Workers to complete a postgraduate Mental Health Officer Award.

An established 'Grow our Own' programme of sponsored employees accessing undergraduate and postgraduate Social Work programmes with Open University provides a more flexible and affordable route to career development for employees. We have six sponsored employees, with our first due to graduate in summer 2024.

We've agreed with NHS Forth Valley to share placements for Occupational Therapist students to provide experience of practice within Social Work and Health settings. However, we face challenges building capacity to support students because of vacancies.

IMPROVING FALKIRK'S SOCIAL WORK SERVICE

Over 100 colleagues took part in a snap poll about working within Falkirk's social work teams, sharing their thoughts to help improve local services and attract new colleagues. The survey asked social work staff what attracted them to work for Falkirk and what will keep them working for Falkirk Council. Over 70% of the 120 responses shared positive experiences of working within the Falkirk area and for the local authority.

The attraction to Falkirk included location and community, role and career development, and team and colleague relationships whilst retention factors included competitive employment conditions, team spirit, stronger leadership, and career progression.

SOCIAL WORK SERVICES CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) MANAGER ONLINE SYSTEM

In April 2023, we launched a new online CPD Manager system across all Social Work Services. This provides an efficient system for managing the promotion of, booking, authorising, recording, evaluating, and reporting on training, learning and development activities.

We have 950 employees logged onto the system. A series of engagement sessions have been facilitated and easy read guidance developed. During spring 2024, we will be running a campaign linked to the first-year anniversary of the new system to support culture and practice change.

Challenges include supporting staff, especially those who are not office based, to create habits of routinely logging on and actively using the system.

TRAUMA INFORMED AND RESPONSIVE SERVICES

In support of Scottish Government's ambition to have all services trauma informed and responses, we have created a Trauma Informed Policy Officer post and appointed three Senior Managers as Trauma Champions.

We are working to develop a strategy and tiered training framework for Falkirk Community Planning Partnership services. This involves working collaboratively with people with lived experience in the development and review of policies, processes, and delivery of workforce development.

A range of training resources have been developed and delivered to staff. This has included developing trauma skilled e-modules on both OLLE and TURAS learning platforms to promote staff accessing these resources. A trauma "Community of Practice" has also been established to support ongoing learning and application into practice.

Staff have increased their understanding of the prevalence and impact of trauma and increased their confidence and skills working with those affected by trauma. However, there are ongoing challenges with capacity of staff to attend training.

ADULT SUPPORT AND PROTECTION LEARNING AND DEVELOPMENT PROGRAMME

We continue to develop and deliver a comprehensive single and multi-agency Learning and Development Programme for Adult Protection across the HSCP.

Training is offered across various workforce levels in line with both the National Child Protection Framework and the National Trauma Transformations Programme, Knowledge and Skills Framework. Links are also maintained with the National Adult Support and Protection Learning and Development Network facilitated by the National Adult Support and Protection Coordinator.

Learning and development activities are delivered in person and online to maximise access to training and flexibility for provider agencies. Access to all Adult Support and Protection (ASP) related training can be achieved via the web-based Practitioner Pages, an information resource that can be accessed by all HSCP partners, including independent and third sector partners. Adult, Children and Justice Services staff employed by Falkirk Council can also access all ASP related training using the CPD Manager System.

Between 1 April 2023 and 29 February 2024, a total of 42 courses have been delivered. These have varied in duration from one half day to two full days. A total of 417 staff have attended these courses:

- Third, private, and voluntary sector staff – 211
- Falkirk Council staff - 206

Courses continue to evaluate highly from all staff across Falkirk Council and other sectors. We continue to expand our range of ASP related training in line with any learning and development needs identified by the Adult Protection Committee and the HSCP.

COMMUNICATION AND ENGAGEMENT

STRATEGY DEVELOPMENT

We have refreshed our Communication and Participation and Engagement Strategies as well as developed a combined action plan to support the implementation of each strategy. The strategies were approved by the Integration Joint Board (IJB) in June 2024.

CAREERS AND RECRUITMENT

The Partnership's 'Careers that Care' recruitment campaign promotes a wide range of roles and opportunities. This year, we produced a new entry-level career booklet, outlining career options across the Partnership. We hosted over 20 of our partner home care organisations to our social care recruitment events in April and November, and hosted a Social Work and OT recruitment event in October to launch the new Advanced Practitioner and Assistant Team Manager roles.

WINTER HEALTH COMMUNICATIONS GROUP

The national winter health communications group, chaired by the Scottish Government, met fortnightly throughout the winter period to share updates and challenges facing services. The group continues to meet beyond the winter period, at a reduced frequency, allowing a space for collaboration and shared learning.

CARE HOME FRAMEWORK FOR ADULTS CONSULTATION

A consultation ran from 10 May – 23 June 2023 to develop a Care Home Framework for Adults with either a learning disability, autism, mental health needs, physical disability, and/or complex care needs. Easy read versions of the survey were made available to the local care homes, carers, and advocacy centre. In person visits supported people in care homes to complete the easy read survey or use Talking Mats to support communication and engagement. The feedback supported the development of the framework, so the support people receive is suited to their needs and wants.

EQUALITY OUTCOMES CONSULTATION

Between September and November 2023, we asked for feedback on two new equality outcomes, which focused on both older people and people from BME communities with the support of local community groups and organisations.

We improved the representation of BME people participating in public consultations, which included translating the survey into five languages. As a result, 35.5% of survey responses were received by people from BME communities. From January to March 2024, we carried out further engagement work to agree actions to be progressed to achieve our agreed outcomes.

CARE OPINION

On 3 April 2023, the HSCP launched Care Opinion, an online feedback platform where people can safely share their experiences of any health service or Care Inspectorate-registered provider of adult social care service.

In its first year of launching, the Falkirk HSCP have received 54 stories. Table 2 provides an overview of Care Opinion stories.

Service Area	Total no. of stories	% of stories responded to by staff	% of positive stories
Falkirk HSCP	**54**	**76%**	**93%**
Adult Health Services	35	63%	89%
Adult Social Work Services	18	100%	100%
Commissioned Services	1	100%	100%

Table 2: Overview of Care Opinion Stories

Snapshot:

Carer is happy with her daughter attending Thornton Gardens for respite. "The staff are great with my daughter, she gets lots of hugs and she's happy to tell me who they are. I've never seen her come out of her shell so much... I can go away for my wee break knowing she's getting well looked after." My disabled daughter's respite (15/08/2023)

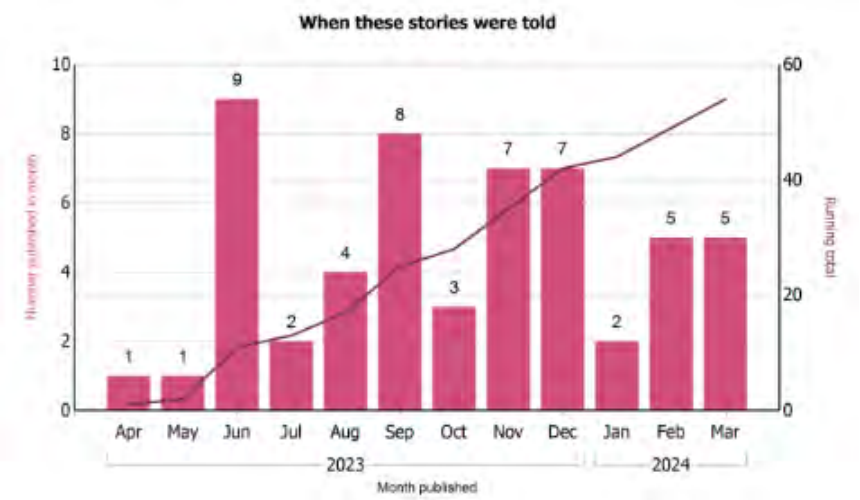


Figure 1: Stories Published by Month

Figure 2: Story Word Cloud – What Was Good?

A full summary report of Care Opinion for 2023/2024 can be found on the HSCP website.

TECHNOLOGY ENABLED CARE

DIGITAL HEALTH AND CARE PROGRAMME

Launched in March 2023, the Digital Health and Care Programme was established to make better use of technology to deliver the Partnership's strategic priorities. The Programme includes a range of activities to enhance our services through the effective use of digital health and care technologies.

The Digital Health and Care Programme Board provides governance to progress appropriate digital health and care initiatives whilst ensuring their continued alignment to HSCP strategy. It combines the expertise and resources of stakeholders from across our services and coordinates with Falkirk Council and NHS Forth Valley ICT services and Information Governance.

A Delivery Plan is being developed around key priorities that were identified throughout the Strategic Plan's consultation and development. The programme will support activities to widen access to services and strengthen care co-ordination. It will prioritise opportunities to reduce demand for services by empowering individuals and encouraging independence through the appropriate use of technology. Planning around digital initiatives will also include consideration of digital exclusion factors to ensure individuals who are unable to engage with technology are not left behind and support arrangement will be built into programme activities.

DIGITAL HEALTH AND CARE FUND

The Board will oversee the Digital Health and Care Fund, a non-recurring budget of £250k which will be targeted towards improving the use and availability of digital health and care technologies within Falkirk.

MEDICATION MANAGEMENT TECHNOLOGIES

The Digital Health and Care Programme is exploring ways in which technology could support individuals to manage their medication schedule. This could be built into the Medication Policy. We will explore the safe integration of advanced medication management technologies such as video prompting and digital dispensing devices.

SUPPORTING INDIVIDUALS WITH TECHNOLOGY

A new Care Technologist role has been piloted by Scottish Care, funded by TEC Scotland. The Care Technologist role works with services to provide person-led digital evaluation and support to deliver assistive technology, devices, and tools to service users. This role aims to improve independence, increase safety, and grow confidence with technology. A Short Life Working Group is exploring how to apply the learning from this pilot role to Falkirk.

ACCESS TO DIGITAL HEALTH AND CARE RESOURCES

We've created a single source of information on various digital health and care technologies and their applications to address the challenge of creating awareness of digital health and care technologies and to promote them to our service users, communities, and workforce.

Work is now underway to develop an online area within the Falkirk HSCP website with reliable information on digital health and care technologies and material for community activities and events.

NEAR ME VIDEO APPOINTMENTS

Near Me is a secure form of video consulting approved for use by the Scottish Government and NHS Scotland. The platform is being used by Falkirk HSCP and NHS Forth Valley services including health appointments, to support anti-smoking initiatives, deliver Living Well Falkirk appointments, and for ad hoc Social Work appointments.

Familiarisation sessions have been held to promote the platform. Possible other uses of Near Me will be considered in the future. The platform enables individuals to attend health and care appointments remotely and securely, saving the need to travel.

CARE AT HOME SYSTEMS

The Care at Home Electronic Time Recording and Scheduling system, CallConfirmLive! plays a crucial role in the coordination of care activity. Every week, the system schedules 8,000-9,000 visits for the in-house Care at Home service. Visit details are shared securely with a remote workforce of over 250 staff via the CM mobile app to ensure they have the information they need to deliver a high standard of care.

Over the past months, automation has been built into reporting processes, making it easier to generate and access essential information promptly. This streamlined process contributes to management and statutory reporting, has informed the Care at Home Redesign, and strengthened decision making in the Care at Home service.

PARTNERSHIP WORKING

THE INDEPENDENT SECTOR

The Independent Sector supports the sustainability of care provision in Falkirk and is a key partner in the delivery of integrated health and social care services in the area. During 2023/24, the Independent Sector Lead (ISL) has continued to engage in all activities within the Falkirk HSCP.

Activities have included:

- Hosted weekly provider forums to discuss local and national activities.
- Supported staff training.
- Hosted webinars on topics such as overseas recruitment, Anne's Law, care home activities, Infection Prevention and Control, etc.
- Supported development of Adult Care Homes for Under 65s framework, including the consultation, draft procurement strategy, and setting up a 'Training Consortium' for providers.
- Supported engagement with pre-registration students at Robert Gordon University with presentation on nursing in care homes.
- Share all new/current information and changes in legislation, processes, and contracts, etc. with providers.

THE THIRD SECTOR

During 2023/24, CVS Falkirk recruited a new Partnership Development Manager who works with partners, encourages third sector engagement, and represents the wider third sector with statutory partners to influence the strategic development of services in the Falkirk area.

Activities have included:

- Further developed third sector forums and networks, including the Health and Wellbeing Forum.
- Supported local groups to secure funding via the Community Mental Health and Wellbeing Fund – investment of circa £430k.
- Provided advice and guidance on the development of the HSCP Volunteer Policy.
- Participated in 2023 Recovery Olympics with Falkirk Mental Health Planning Team.
- Joined the ADP Executive Committee as the Third Sector Representative.
- Developed and delivered annual Wellness in Winter initiative to promote good health and wellbeing.
- Delivered Falkirk Funders Fayre in March 2024 with 23 funders available to meet with local groups.

HOUSING SERVICES

Housing has a key role for people to stay at home, in accommodation that meets their needs, in their communities. The Housing Contribution Statement (HCS) is a bridge between the HSCP Strategic Plan and Falkirk Council Housing Strategy 2023-2028.

	2022/23	2023/24
Achieved	6	10
Ongoing	11	7
Carried forward	4	4

Table 3: Summary of Housing Contribution Statement Actions

New Housing Contribution Statement

The Falkirk Housing Need and Demand Assessment (HNDA) has informed the development of the new Housing Contribution Statement. It identified:

- More affordable housing
- Larger properties
- Wheelchair properties including homes for families with multiple physical disabilities.
- Homes for people with complex care needs
- Support provision for people who have experienced domestic violence and abuse and people with alcohol and drug use who require specific support to sustain tenancies.

From 2024/25, the Strategic Planning Group will have representation from Registered Social Landlords.

SCOTTISH GOVERNMENT

Getting it right for everyone (GIRFE) is a Scottish Government led programme and a multi-agency approach to developing health and social care support and services from young adulthood to end of life care. It will inform the future practice model of all health and social care professionals in Scotland and shape the design and delivery of services, ensuring that people's needs are met.

The benefits to Falkirk HSCP by joining the GIRFE programme as a Partner, include:

- We can influence the design of national service models.
- By learning about the service design process, we can repeat this process for other service development activities.
- We can apply insights from the GIRFE process to develop our existing services.

The GIRFE programme is developing several prototypes to be tested with a range of service users in different areas. For example, digital resources, apps, new roles, and different approaches to improve the way care is coordinated. In collaboration with colleagues from HSCPs across Scotland, Falkirk HSCP have contributed to the design, development, and testing prototypes of new service models.

EQUALITIES AND SUSTAINABILITY

EQUALITIES

We must report on our progress every two years, which will now be done through our Annual Performance Reports. This is in recognition of the role equalities has in our work across the Partnership. Although we have set new Equality Outcomes for 2024 – 2028, we are still required to report on our previous Equality Outcomes for a final time. Future progress reports will be on the Equality Outcomes for 2024 – 2028.

Equality Outcomes	Progress in 2023/24 (links to sections within report)
Outcome 1: People within the relevant protected characteristic groups or who experience other forms of discrimination or disadvantage are able to be themselves and can achieve their full potential.	Priority 1; Priority 2; Priority 3; Priority 4
Outcome 2: Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility.	Caledonia Service; Living Well Falkirk; MECS; Supporting Carers; Self-Directed Support
Outcome 3: Our approach to engagement and participation will give a voice to our diverse communities.	Communication and Engagement; Care Opinion
Outcome 4: People who experience mental health problems and/or learning disabilities will be supported to live fulfilled lives without stigma.	Developing Healthy Relationships; Change Champions Team; New Transitions Team; Thornton Gardens; Dundas Resource Centre; Caledonia Service; Annual Reviews for People with Learning Disabilities;
Outcome 5: Access to our services will be improved by understanding and reducing barriers.	Technology Enabled Care; Ensure people can access the right care at the right time, in the right place
Outcome 6: Within NHS Forth Valley, people from the 'LGBTi' community will not experience barriers to accessing or receiving end of life care.	

Table 4: Progress against equality outcomes

For more information on our Duties and general information about equalities, please visit the HSCP website.

During the past year, we've improved compliance with the Public Sector Equality Duty (PSED) to impact assess our policies and procedures. We've developed guidance to assist the completion of EPIAs and officers have received one-to-one support. The HSCP website equalities page has been refreshed and more completed EPIAs have been published on the site.

Following a successful consultation, we've developed a new set of Equality Outcomes for the 2024-2028 period:

- Older people who experience barriers to accessing internet-based health and social care services have alternative ways to access services.
- People from Black & Minority Ethnic backgrounds with cultural and language differences have improved experiences accessing health and social care services.

The Equality Outcomes and Mainstreaming Report 2024-2028 was approved by the IJB in March 2024.

SUSTAINABILITY

Adult Social Work accounted for 977 tonnes CO2e in 2023/24, which is a 3% increase compared to last year (not including vehicle fuel data as it was unavailable in 22/23). This is partly due to a slight increase in consumption and an increase in electricity emissions factors in 2023. The emissions factors for electricity have increased by 7% due to an increase in natural gas usage for electricity generation and decrease in renewable generation.

Source	Tonnes CO2e
Electricity	239
Electricity transmission and distribution loses	21
Gas	711
Water	6
Vehicle fuel (petrol and diesel)	150
Total	**1,127**

Table 5: Breakdown per emissions sector

Work is underway to reduce energy consumption and emissions of the following buildings via installation of energy saving products such as LED lighting, Solar PV, Air source heat pumps (ASHP), and cavity wall installation.

Building	Estimated Savings	Estimated Reduction
Burnbrae Home	65.5 tonnes CO2e	62% reduction
Dorrator Court	3.8 tonnes CO2e	10% reduction
Dundas Resource Centre	57 tonnes CO2e	59% reduction

Table 6: Estimated energy savings and reduction in energy consumption

FINANCIAL PERFORMANCE AND BEST VALUE

BEST VALUE

As defined by Audit Scotland, Best Value is concerned with *"good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public."*

The IJB's governance framework supports continuous improvement and better outcomes, whilst striking an appropriate balance between quality and care. The key features of the IJB's governance framework which were in place during 2023/24 to support best value are outlined below.

GOVERNANCE AND ACCOUNTABILITY

Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £300m.

The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area. The following governance frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity:

- The Integration Scheme
- IJB Standing Orders
- Risk Management
- Clinical and Care Governance

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board. During 2023/24, a hybrid approach to meetings continued with some still taking place online.

EFFECTIVE USE OF RESOURCES

National Health and Wellbeing Outcome 9 requires the IJB to demonstrate that "resources are used effectively and efficiently in the provision of health and social care services." As part of this requirement, an overview of 2023/24 financial performance is provided below, including consideration of the financial outlook for 2024/25.

FINANCIAL PERFORMANCE 2023/24 (FROM UNAUDITED ACCOUNTS)

The IJB reported total income of £299.200m for financial year 2023/24 and total expenditure of £306.768m incurred during the year. As a result, a deficit of £7.568m was reported in the unaudited Comprehensive Income and Expenditure Statement on 31 March 2024.

As a result of the 2023/24 net overspend position of £2.606m of brought forward IJB reserves were used to achieve break even within the integrated budget.

The key pressure areas affecting 2023/24 financial performance are detailed below:

Large Hospital Services/Set Aside
Overspend pressures continued to be reported within A&E, General, Geriatric, Rehab and Specialist Mental Health Services. This was mainly relating to ongoing significant expenditure on bank and agency staffing, linked to staff absence/vacancies and acuity of care, increased demand, and case mix complexity/length of stay, together with additional costs to maintain safe staffing levels. Similar short staffing challenges also continued to impact on this.

It is important to recognise that the overspend pressure is met by NHS Forth Valley.

Social Care
Social Care cost pressures continued to rise throughout the year. There was a significant increase in demand for Care at Home services and within Residential Care an ongoing requirement for agency staff along with continuing high demand. These pressures were partly offset by underspends in Assessment & Care Planning mainly due to staff vacancies and within Day Care Services with the ongoing closure of Oswald Avenue. A review of Day Care Services is currently being carried out and is expected to be completed in early 2024/25 which will determine the future plans for Oswald Avenue.

Primary Healthcare
Large overspends were incurred, mainly due to prescribing pressures as a result of increased volumes, high inflation and Buvidal no longer being funded by the Scottish Government. The overspend was partly offset by underspends on GP OOH Services and Primary Medical Services GMS Contract.

Community Healthcare
A favourable financial position was largely due to development funding not yet being fully utilised, plus vacancies and staff turnover savings across a variety of services including Community Mental Health, Community Based AHP and Community Learning Disability. The favourable position masked ongoing pressures within the Joint Loan Equipment Store and Complex Care services.

An analysis of IJB expenditure incurred during 2023/24 is outlined in the table below:

Total Expenditure	2023/24	2022/23	2021/22	2020/21	2019/20
Large Hospital Services	42,952	39,844	31,079	29,629	27,741

Primary Care Services	92,745	86,130	81,474	83,284	81,941
Social Care Services	123,369	110,820	99,102	93,952	88,259
Community Healthcare Services	47,159	44,331	21,956	38,241	36,604
IJB Running Costs	543	470	454	469	444
Total	**306,768**	**281,595**	**234,066**	**245,575**	**234,989**
Set Aside	42,952	39,844	31,079	29,629	27,741
Integrated Budget	263,817	241,751	202,987	215,946	207,248
Total	**306,768**	**281,595**	**234,066**	**245,575**	**234,989**

Table 7: Total Expenditure 2023/24

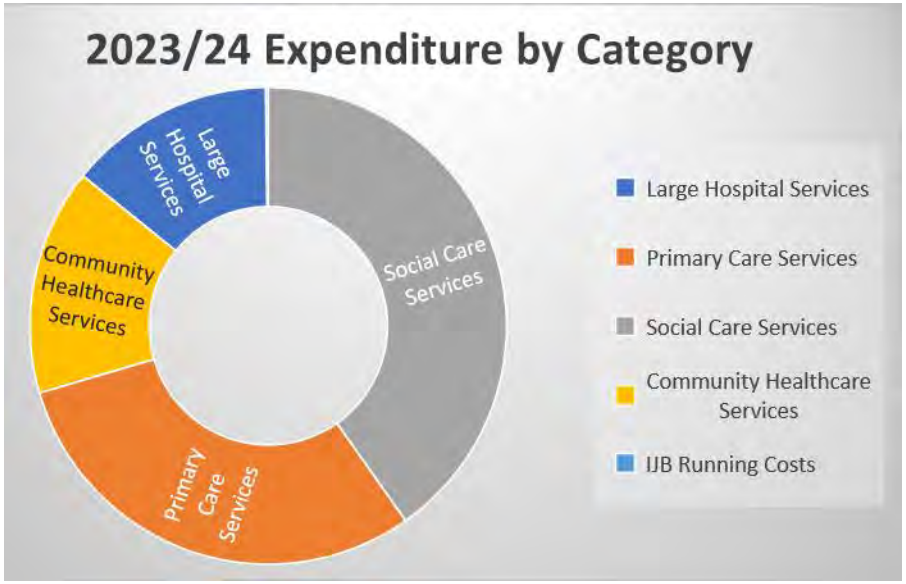


Figure 3: 2023/2024 Expenditure by Category

FORWARD LOOK 2024/25 AND BEYOND

The IJB is committed to delivering transformational change over the coming years to ensure financial sustainability. Transformation of services will therefore continue to be a key feature in financial year 2024/25 with the Transformation Board meeting regularly to review and approve transformation initiatives that will drive forward transformation programmes and projects in line with the Strategic Plan.

The updated Medium Term Financial Plan (MTFP) was approved on 22 March 2024 covering financial years 2024/25 to 2027/28. The plan details an expected funding gap throughout this period, the expected ongoing financial pressures, and the proposed savings delivery in order to achieve a balanced budget.

The expected funding gap before savings delivery is set out in the table below:

Projections	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m
Expenditure	307.562	312.603	317.078	321.925
Funding	289.133	290.633	292.164	293.725
Shortfall before savings	**18.429**	**21.970**	**24.914**	**28.200**
Impact of savings achievement	0.000	18.429	21.970	24.914
Shortfall after prior years savings achieved	**18.429**	**3.541**	**2.944**	**3.286**

Table 8: Expected Funding Gap

A number of assumptions have been used in the projections, including pay and social care provider uplifts, inflation rates and expected demographical changes.

It's clear from the table that Falkirk IJB is facing an extremely challenging financial future with funding not increasing at the same pace as the demand for services and increased costs.

A savings programme has been identified for financial year 2024/25 which includes the use of £4.090m non-recurring funds. As non-recurring savings provide only a short-term solution, longer term solutions will require to be developed and work is continuing to identify service delivery changes that will deliver a sustainable financial position over the coming years.

PARTNERSHIP FUNDING PROGRAMME

Falkirk HSCP has operated a Partnership Funding programme since 2018. The benefits of operating a Partnership Funding Programme include the ability to:

- Respond to emerging needs across the system on a flexible manner.
- Effectively and transparently allocate, monitor, and evaluate funds, using a collaborative commissioning approach.
- Include people with lived experience in design and decision-making processes.
- Shift resources from crisis support to earlier intervention and prevention.

The table below lists opening budgets for all funds included in the Partnership Funding Programme for 2023/24 along with lead commissioning groups.

Budget (£M 23/24)

Fund Name	Recurring	Non-recurring	Commissioning Group
Partnership Fund (Main Programme)	1.479	1.75	Partnership Funding Group
Carers Fund	1.632	3.147	Carers Strategy Group
Carers Challenge Fund	0.500		Carers Strategy Group
Dementia Innovation Fund	0.100	0.461	Dementia Strategy Group
Health Inequalities & Wellbeing Fund		0.544	Health Inequalities & Wellbeing Panel
Locality Funds		0.060	TBC
TEC Innovation Fund		0.250	Digital Health & Care Programme Board
Ideas & Innovation (Spend to Save)		0.238	Transformation Board
Falkirk Suicide Prevention Fund	0.024	0.109	Mental Health & Wellbeing Planning Group

(Previously Choose Life)			
Services for Survivors	0.098	0.053	Mental Health & Wellbeing Planning Group
Mental Health Recovery & Renewal Fund (Phase 2)	0.100	0.118	Dementia Strategy Group
Total	**3.933**	**6.155**	

Table 9: Partnership Funding 2023/24

The Partnership Funding Investment Plan 2021-2024 supported 38 organisations and 72 projects through 11 funds with a total of £10.1m. The next three-year Investment Plan was approved by the IJB in March 2024 and outlines how we will invest over £18m across 13 funds over the next three years.

FALKIRK SUICIDE PREVENTION FUND

Falkirk Suicide Prevention Fund (formally Choose Life) targets suicide prevention and harm reduction in Falkirk. This fund programme launched in February 2023 and has funded five projects with a total grant value of £55,989.

Snapshot:
Female, on waiting list for NHS secondary care support, is a long-term survivor of domestic abuse and became suicidal after a traumatic event. She was referred to the new 'Keep in Touch' Suicide Prevention service. By attending sessions, goals have been set and she has been taught coping strategies and techniques, the need for self-care, and assertiveness training. – Keep In Touch Service, Cyrenians

HEALTH INEQUALITIES AND WELLBEING FUND

The Health Inequalities and Wellbeing Fund aimed to develop community-based services and projects that minimise health and social inequalities and improve people's health and wellbeing. This fund programme ran from April 2022 to March 2024 and funded 23 projects with a total grant value of £741,266.50.

Snapshot:
Elderly male has impaired sight and his wife had recently died. He couldn't cook for himself but was keen to learn. With advice from NHS colleagues, KLSB Community Group contacted Forth Valley Sensory Centre to set up cookery lessons with the sight impaired chef to allow the service user to cook. – KLSB Community Group

CARERS CHALLENGE FUND

In 2022, the Falkirk Carers Strategy Group introduced the Carers Challenge Fund – an annually protected amount of £500k drawn from the Carers Fund, allowing service providers to propose projects which meet key carer outcomes. In 2023/24, the Carers Challenge Fund provided funding for four projects with a total grant value of £132,725.75.

GOVERNANCE AND PERFORMANCE

GOVERNANCE

The Care Inspectorate is responsible for the regulation of care standards in Scotland. The Quality Assessment Framework, which inspectors use to evaluate the quality of care during inspections and improvement planning, sets out Key Questions about the quality and difference a care service makes to people's wellbeing.

KQ 1 How well do we support people's wellbeing?
KQ 2 How good is our leadership?
KQ 3 How good is our staff team?
KQ 4 How good is our setting?
KQ 5 How well is our care and support planned?
KQ 6 What is the overall capacity for improvement?

RESIDENTIAL CARE HOMES (OLDER PEOPLE)

All 20 local care homes were inspected this year. The findings were as follows:

Key Questions	Good/ Very Good/ Excellent	Unsatisfactory/ Weak/ Adequate	Not Inspected
KQ 1	75%	10%	15%
KQ 2	75%	10%	15%
KQ 3	35%	5%	60%
KQ 4	25%	10%	65%
KQ 5	35%	10%	55%
KQ 6	0%	0%	100%

Table 10: Residential Care Homes (Older People)

The Care Inspectorate upheld seven complaints from January to December 2023, compared to eight during the same period in 2022.

RESIDENTIAL CARE HOMES (ADULTS)

10 of the 11 local care homes were inspected this year. The findings were as follows:

Key Questions	Good/ Very Good/ Excellent	Unsatisfactory/ Weak/ Adequate	Not Inspected
KQ 1	100%	0%	0%
KQ 2	100%	0%	0%
KQ 3	64%	0%	36%
KQ 4	55%	9%	36%
KQ 5	91%	0%	9%
KQ 6	N/A	N/A	N/A

Table 11: Residential Care Homes (Adults)

The Care Inspectorate upheld two complaints from January to December 2023, compared to three during the same period in 2022.

INSPECTION REPORTS

There have been 11 Care Inspectorate inspection reports and 7 Mental Welfare Commission visit reports published in 2023/24.

Inspection Date	Inspection
07-09/06/2023	NHS Forth Valley Community Residential Resources Housing Support Service
01/06/2023	Dorrator Court
11/07/2023	Cunningham House
13/04/2023	Forth Valley Royal Hospital Ward 2
09/05/2023	Forth Valley Royal Hospital Ward 3
27/03/2023	Forth Valley Royal Hospital Ward 4
19/07/2023	Burnbrae House
04/09/2023	Summerford House
06 & 11/09/2023	Thornton Gardens
07, 11, & 12/09/2023	Grahamston House
05/10/2023	Woodlands Resource Centre
11/10/2023	Forth Valley Royal Hospital Ward 1 IPCU
31/10/2023	Forth Valley Royal Hospital Ward 5
05/12/2023	Bellsdyke Hospital – Hope House
11/01/2024	Grahamston House Care Home
13/03/2024	Housing Support Service - West Locality
13/03/2024	Housing Support Service - Central Locality
13/03/2024	Housing Support Service - East Locality

Table 12: Inspections in 2023/24

THORNTON GARDENS – CHANGE IN REGISTRATION

From 1 June 2023, Thornton Gardens reverted to the original registration to provide short breaks and respite care service to a maximum of six adults with a learning disability. Two of these places will be for emergency placements. Older people accessing this service will now be supported through other resources.

COMMUNITY RESIDENTIAL RESOURCES AND HOUSING SUPPORT SERVICE

NHS Forth Valley's Community Residential Resources and Housing Support Service, which helps people across Forth Valley, currently support 27 people. The Care Inspectorate scored the service straight 6s equating to excellent in every section appraised, which is almost unheard of.

The Inspectorate commented that the service works in a truly person-centred way, using best practice as standard, delivered by staff who are motivated and committed to people. During the visit, the inspector spoke to 17 staff, spent time with 23 people using the service, observed practice and daily life, reviewed documents, and spoke with visiting professionals.

SUNDAY TIMES CARE HOME LEAGUE TABLE

Falkirk has been named as the best place to grow old in Scotland if you need residential care, following analysis of Care Inspectorate reports by the Sunday Times Care Home League Table.

The Sunday Times found that homes for older people in Falkirk scored an average of 4.35 out of 6 in all categories – higher than any other council area. 79.5% of homes in the area were graded good or better, compared to a national average of 75.2%.

ADULT CARE HOMES UNDER 65 FRAMEWORK

There were no national or local frameworks in place which covered all client categories in care homes for adults under 65. During 2023/24, a framework has been developed to provide flexibility for Falkirk HSCP to meet the requirements of people in their local area.

The framework aims to:

- Maximise the number of providers capable of delivering high-quality residential care to Falkirk residents.
- Stimulate further market interest in this area and create more capacity.
- Increase choice and control and improve lifestyles for all care groups.
- Ensure sufficient quality and value for money.

The new framework came into effect on 1 April 2024.

CARE HOME ASSURANCE REVIEW TEAM (CHART)

The social care CHART team work collaboratively with other clinical health teams to consider the priorities and deliverables in support of care homes, residents, and staff. The team support quality assurance, monitoring in care homes and improvement of outcomes for adults who live in care homes.

A person-centred review supports providers and obtains assurance regarding care standards. The team manage complexities within the review process such as review of legal orders, resident deterioration and change in outcomes as well as the investigation of concerns and complaints. A robust and flexible plan for review completion allows the team to respond to external factors such as a large-scale investigation and ensure reviews are actioned if risk levels increase, or early indicators of concern are identified.

Activities in 2023/24 included:

- Reviewing activity has reduced number of overdue reviews from 227 in September 2023 to 113 by March 2024.
- Contributed to the support and monitoring activity of two care homes subject to a Large-Scale Investigation.
- Focused review, support, and monitoring activity on multiple care homes where grades have gone down following Care Inspectorate activity.
- Contributed to regular Collaborative Care Home support group meetings and the HSCP Early Indicator of Concern group.

- Development sessions focused on processes, procedures, and development plans to improve efficiency following confirmed permanence of team.
- Recruitment challenges have impacted on team capacity with agency workers used. However, recruitment for permanent workers is ongoing.

CARE AND SUPPORT AT HOME CONTRACT REVIEW

The Partnership is developing a Falkirk Framework for Care and Support at Home, with a view to move away from Scotland Excel (SXL) to a Falkirk specific framework. This new contract will support the HSCP to ensure continuity and smooth transition from the current arrangements, introduce greater transparency around costs, and support commissioners to achieve improved value for money. It should also increase understanding of the nature of specific service provision and help further develop the relationships with providers.

LOCAL PERFORMANCE

The most recent Performance Monitoring Report was submitted to the IJB in June 2024.

KEY:

Direction of travel relates to previously reported position	
▲	Improvement in period
◄►	Position maintained
▼	Deterioration in period
—	No comparative data

PRIORITY 1 – SUPPORT AND STRENGTHEN COMMUNITY-BASED SERVICES

Ref	Measure	2015/16	2018/19	2020/21	2021/22	2022/23	Direction of travel
86	Proportion of last six months of life spent at home or in a community setting	86%	86%	89.1%	88.4%	88.1%	◄►

PRIORITY 2 – ENSURE PEOPLE CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

Ref	Measure	Dec-18	Dec-19	Dec-20	Dec-21	Dec-22	Dec-23	Direction of travel
25	Emergency department 4 hour wait Falkirk (ED+MIU)	72.3%	85.7%	89.2%	61.9%	47.7%	46.4%	▼
27	Emergency department attendances per 100,000 Falkirk	1,968	2,201	1,278	1,593	1,770	1,752	◄►
29	Emergency admission rate per 100,000 Falkirk population	970	1,302	1,072	1,165	1,160	1,168	◄►
31	Acute emergency bed days per 1,000 Falkirk population	865.8* *Nov 18	763	339	647* *Aug 21	820	836	◄►
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,952* *Nov 18	8,329* *Sep 19	32,051* *Sep 20	29,050	28,734	26,710	▼

43	Readmission rate within 28 days per 1,000 admissions Falkirk	1.23	1.37	2.09	1.88	53.9	55.2	▼

Ref	Measure	Dec-18	Dec-19	Apr-20	Dec-21	Dec-22	Dec-23	Direction of travel
54	Standard delayed discharges	32	38	7	38	44	48	▼
55	Standard delayed discharges over 2 weeks	26	21	1	14	23	36	▼
56	Bed days occupied by delayed discharges	1,050	1,112	128	761	1,406	2,037	▼
57	Number of code 9 delays, including guardianship	10	15	11	22	26	25	▲
58	Number of code 100 delays	3	5	0	6	3	2	▲
59	Delays - including Code 9 and Guardianship	42	53	18	60	70	73	▼

PRIORITY 3 – FOCUS ON PREVENTION, EARLY INTERVENTION, AND MINIMISING HARM

Ref	Measure	2019/20 to Q3	2020/21 to Q3	2021/22 to Q3	2022/23 to Q3	2023/24 to Q3	Direction of travel
45	Number of Adult Protection Referrals (data only)	440	561	833	706	742	-
46	Number of Adult Protection Inquiries Using Investigative Powers (data only)	48	120	52	39	60	-
	% of protection referrals that result in an investigation	-	11%	4%	5.5%	8.1%	-
47	Number of Adult Protection Support Plans at end of period (data only)	14 (30/09/19)	19 (31/12/20)	20 (30/12/21)	10 (31/12/22)	16 (31/12/23)	-

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	Direction of travel
48	The total number of people with community alarms at the end of period (data only)	4,173 (30/9/18)	4,087 (31/03/20)	3,989 (31/03/21)	3,811 (31/03/22)	3,705 (31/03/23)	-

Ref	Measure	Dec-18	Dec-19	Mar-20	Mar-21	Sep-21	Sep-22	Sep-23	Direction of travel

68a	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley ADP (90% target)	98.3%	97.9%	95.9%	97.2%	92.9%	89%	82.6%	▼
68b	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	99.6%	86.4%	87.8%	100%	100%	100%	100%	-

Ref	Measure	Dec-18	Dec-19	Dec-20	Dec-21	Dec-22	Dec-23	Direction of travel
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	58.7%	63.9%	57.4%	67.8%	77.2%	74.6%	▼

PRIORITY 4 – ENSURE CARERS ARE SUPPORTED IN THEIR CARING ROLE

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	Direction of travel
37	SDS Option 1: Direct payments (data only)	35 (0.7%)	27 (0.6%)	29 (0.7%)	25 (0.5%)	55 (1.4%)	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	17 (0.4%)	96 (2.0%)	63 (1.6%)	-
39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009 (88.8%)	4,128 (92.7%	4,525 (94.6%)	3,674 (95.7%)	-
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)	279 (6.3%)	135 (2.8%)	49 (1.3%)	-

NATIONAL INTEGRATION INDICATORS

The Integration Joint Board (IJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

Indicators 1-9 are populated by the bi-annual Health and Care Experience (HACE) Survey. The most recently available data for these indicators is for 2023/24. Indicators 11-20 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS). For indicators 12-16, the latest available data is 2023 calendar year due to data completeness issues in some health board areas.

Our latest performance is set out in the following 'Performance at a Glance', with more detailed tables on the following pages.

PERFORMANCE AT A GLANCE

From the **17** indicators updated this year:

- **3** indicators where Falkirk compares well to Scotland.
- **5** indicators where Falkirk is similar to Scotland.
- **9** indicators where Falkirk does not compare well to national average.

Overall performance for the latest year has increased.

- **12/17 (71%)** of indicators have improved year on year*

*Please note – Indicator 11 was not updated so has been excluded from the above summary. Indicators 2, 3, 4, 5, 7, 9 featured small changes to methodology meaning comparisons may not be fully like for like.

Key

Compares Well to Scotland
Similar to Scotland
Does not compare well to Scotland

NI	Indicators 1-9	Falkirk	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	91.0%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	67.6%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	59.7%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	53.9%	61.4%
NI - 5	Percentage of adults receiving any care or support who rated it as excellent or good	73.1%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	69.4%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	61.4%	69.8%
NI - 8	Percentage of carers who feel supported to continue in their caring role	30.7%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	69.5%	72.7%

Notes on Indicators 1-9

Indicators 1-9 have been updated to the latest available data from the Health and Care Experience Survey (HACE) for 2023/24.

Due to changes in the HACE survey wording, the 2023/24 results for indicators 2, 3, 4, 5, 7 and 9 are not fully comparable to the same indicators for previous years. This is due to: People receiving support in their caring role no longer being included in this section, while people who receive peer/emotional support are now included (Q27). In addition, the options available under the question "Who funds your help or support with everyday living?" have changed i.e. "Council" and "NHS" have been replaced by "The State/Local Government" (Q28).

NI	Indicators 11-19	Falkirk	Scotland
NI-11	Premature mortality rate per 100,000 persons*	473	442
NI - 12	Emergency admission rate (per 100,000 population)	14,440	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	124,142	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	136	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87.7%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	24.4	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86.9%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	67.8%	64.8%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,283	902

Notes:

Indicator 11

The latest available data for indicator 11 is 2022 calendar year so there is no update on the figure used in last year's APR.

Indicators 12-16

For indicators 12-16 the latest available data is 2023 calendar year due to data completeness issues in some health board areas for 2023/24 data. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships.

Indicator 17 and 19

These indicators have been updated to financial year 2023/24.

Indicator 18

Indicator 18 (percentage of adults with intensive care needs receiving care at home) has been updated to calendar year 2023.

Comparisons

Compares well is defined as Falkirk rate is 2% better than Scotland. Does not compare well is defined as Falkirk rate is not within 2% of Scotland rate. Similar is defined as Falkirk rate within 2% of Scotland rate.

INDICATORS 1-9 – INCLUDING PAST YEARS AND COMPARATOR AVERAGE

	NI	Title	Falkirk Partnership				Comparator Average	Scotland
			2017/18	2019/20	2021/22	2023/4	2023/4	2023/4
Outcome Indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	92.4%	92.4%	89.5%	91.0%	90.3%	90.7%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82.5%	79.2%	70.6%	67.6%	68.0%	72.4%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	78.6%	63.9%	59.7%	55.1%	59.6%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71.8%	74.6%	47.2%	53.9%	58.3%	61.4%
	NI - 5	Percentage of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	73.1%	67.4%	70.0%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	69.4%	68.4%	68.5%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	61.4%	65.3%	69.8%
	NI - 8	Percentage of carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	30.7%	28.2%	31.2%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84.1%	85.8%	73.5%	69.5%	68.9%	72.7%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA	NA

INDICATORS 11-20 – INCLUDING PAST YEARS AND COMPARATOR AVERAGE

Please note – for indicators 11-20 the "Latest" column has the latest available data for each indicator. The footnotes below provide details on the latest year of data for each indicator.

NI	Title	Falkirk Partnership								Comparator Average	Scotland
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/3	Latest	Latest	Latest*
NI - 11	Premature mortality rate per 100,000 persons*	466	427	449	435	460	488	473	473	445	442
NI - 12	Emergency admission rate (per 100,000 population)	11,772	11,941	12,121	15,349	13,208	14,186	14,679	14,440	12,964	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	144,888	140,805	140,023	138,583	115,349	124,773	135,305	124,142	117,976	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	144	141	136	102	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.0%	88.4%	88.1%	87.7%	89.1%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	25.2	25.3	24.4	23.0	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	79.5%	86.9%	77.8%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.7%	63.7%	64.2%	65.3%	63.9%	67.8%	64.0%	64.8%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,091	1,386	1,283	929	902
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	NA	NA	NA
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.
2. NI 1 – 9: Data are presented on financial year file and 2023/24 is the most recent data available. Please note results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not fully comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology.
3. NI 11 and 18 are presented as calendar year. 2022 is the most recent data available for NI 11 and 2023 is the most recent data for NI 18.
4. NI 12 – 16: Calendar year 2023 is used here as a proxy for 2023/24 due to data from Jan-Mar 2024 being incomplete for some boards. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.
5. NI 17 is presented on financial year with the latest available data being from 2023/24.
6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.
7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.
8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

LOOKING FORWARD

The Partnership begins the 2024/25 year with the opportunities of fresh leadership, following the appointments of a new Chief Officer, Chief Finance Officer, and an interim Head of Integration to the team.

A key focus of the senior team is to ensure we have a strong financial footing to ensure services are sustainable - now and into the future.

To lead us through any period of change, we need bold, effective leadership. We will be reviewing the structure of our leadership team to ensure the right skills and support is in the right place for our teams. With supportive leadership in place across our services, we can continue our journey to progress whole system transformation and enable the long-term sustainability of local health and social care services.

A further priority this year will be to support the development of locality planning through the establishment of Locality Delivery Groups, working collaboratively with our partners across the community and within third sector organisations.

A new programme board has been convened to consider the integration of Falkirk Council's Children and Families Social Work Services and Justice Social Work Services into the Partnership. Wide consultation and engagement work is being undertaken to inform a final decision by Falkirk Council and the Integration Joint Board later in the year.

We will continue to explore the use of new technology and digital approaches within service delivery and focus on the preventative and early intervention measures which help people live well for longer and help deliver services as efficiently as possible.

To improve service delivery and outcomes for people accessing our support, we will continue to collaborate with our partners and involve those with lived experience. This collaborative approach will be applied to our strategic planning, with the following areas identified within the upcoming year: dementia support; learning disabilities; digital health and care; alcohol and drugs support; palliative and end of life care; mental health; the Falkirk Alcohol and Drugs Partnership Lived Experience Panel; and locality planning.

Work will be progressed to increase the involvement of people with lived experience to create and deliver person-centred services. People who access our services, their carers, and the local community will be engaged through a new training programme which aims to help those become meaningfully involved in decision-making opportunities at all levels.

We will continue to focus on key whole system priorities - including reducing the number of people delayed in hospital; reducing inequalities; and supporting our workforce through the delivery of our Integrated Workforce Plan.

Our transformation programme will be further developed to ensure it manages finite resources efficiently and continues to progress the priorities of our Strategic Plan.

GLOSSARY

A glossary of common terms and acronyms used within health and social care can be found at FalkirkHSCP.org/glossary

Appendix 3 Local Government Benchmarking Framework – Falkirk Performance 2022/23

The following briefing covers the recently released 2022/23 Adult social work indicators which form part of the overall Local Government Benchmarking Framework and were included in the recent overview publication. This briefing will look at each of the adult social work indicators in two ways:

1. Trend analysis compared to the national average
2. Latest year comparison with Scotland and comparable local authority peers

The indicators which are included in the LGBF Adult Social work section are as follows:

SW1	Home care costs per hour for people aged 65 or over
SW2	Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend
SW3a	% of people aged 65 and over with long-term care needs who are receiving personal care at home
SW4b	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
SW4c	% of adults supported at home who agree that they are supported to live as independently as possible
SW4d	% of adults supported at home who agree that they had a say in how their help, care or support was provided
SW4e	% of carers who feel supported to continue in their caring role
SW5	Residential costs per week per resident for people aged 65 or over
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Note – while the LGBF 2022/23 data extract allows for both "Cash" (true figures not adjusted for inflation) and "Real" (adjusted for inflation) for all cost related indicators (SW1 and SW5) we have only used "Real" figures in this briefing so the following charts are adjusted for inflation.

Falkirk is in Family group 3 for the Improvement Services' LGBF Children, Social Work and Housing indicators. The comparator peers for Falkirk are those with a similar population in terms of relative deprivation and affluence.

The COVID-19 pandemic impacted a number of indicators, in particular those relating to health care, and this can be seen in some of the trend graphs. This should be considered when interpreting some of the indicators.

Note SW4b, c, d and e are not yet available. These are greyed out in the summary below and last published data included.

Summary of Performance 2022/23

The table below provides a brief overview on how Falkirk compares to the Scotland average for the 2022/23 financial year for indicators SW1, 2, 3a, 5, 6, 7 and 8. Indicators SW4b,c,d&e figures are not available until end of May, the previous year (2021/22) figures are presented for these indicators.

Home care costs per hour for people aged 65 or over **£39.55** *(SW1 - Scotland £30.45)*	**3.3%** of Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ *(SW2 - Scotland 8.7%)*	**65.5%** of people aged 65 and over with long-term care needs who are receiving personal care at home *(SW3a - Scotland 61.5%)*
70.4% of adults supported at home agree that their services and support had an impact in improving or maintaining their quality of life *(SW4b - Scotland 78.1%)*	**70.6%** of adults supported at home agree that they are supported to live as independently as possible *(SW4c - Scotland 78.8%)*	**63.9%** of adults supported at home agree that they had a say in how their help, care or support was provided *(SW4d - Scotland 70.6%)*
28.6% of carers felt supported to continue in their caring role *(SW4e - Scotland 29.7%)*	Residential costs per week per resident for people aged 65 or over **£711.02** *(SW5 - Scotland £683.97)*	**142.2** rate of readmission to hospital within 28 days per 1,000 discharges *(SW6 - Scotland 101.7)*
80% proportion of care services were graded 'good' (4) or better in Care Inspectorate inspections *(SW7 - Scotland 75%)*	**1386** was the number of days people spent in hospital when they are ready to be discharged, per 1,000 population (75+) *(SW8 - Scotland 919)*	**Family Group** Clackmannanshire Dumfries & Galloway Falkirk Fife Renfrewshire South Ayrshire South Lanarkshire Stirling West Lothian

Performs better than Scotland average (>2% points better)

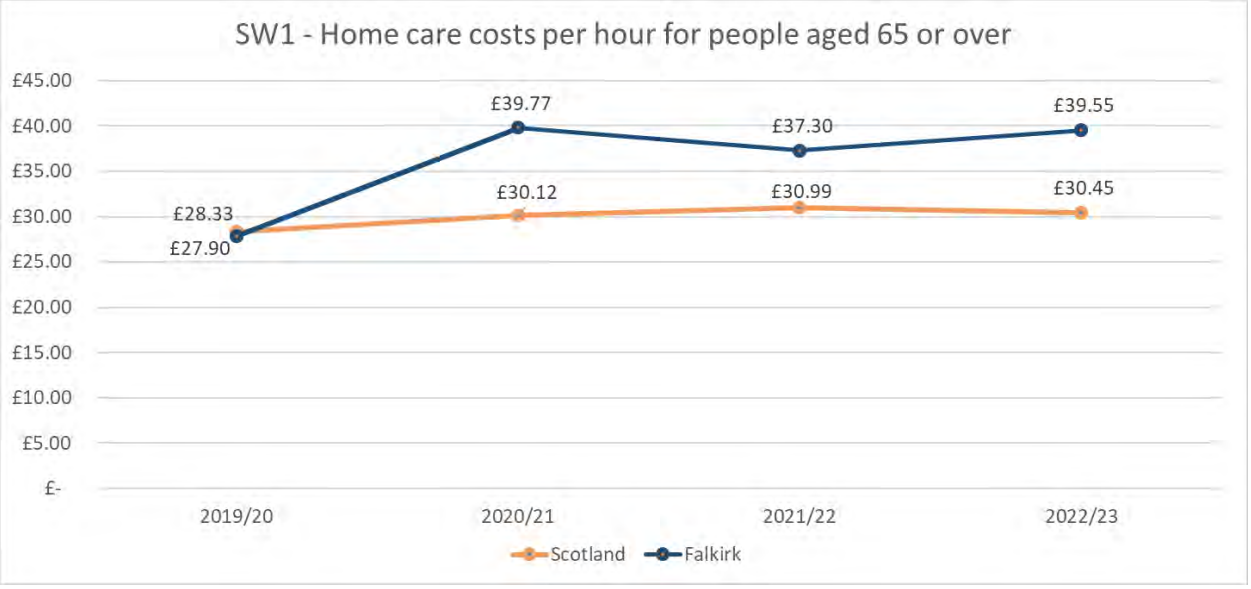
Similar to Scotland's average (within 2%)

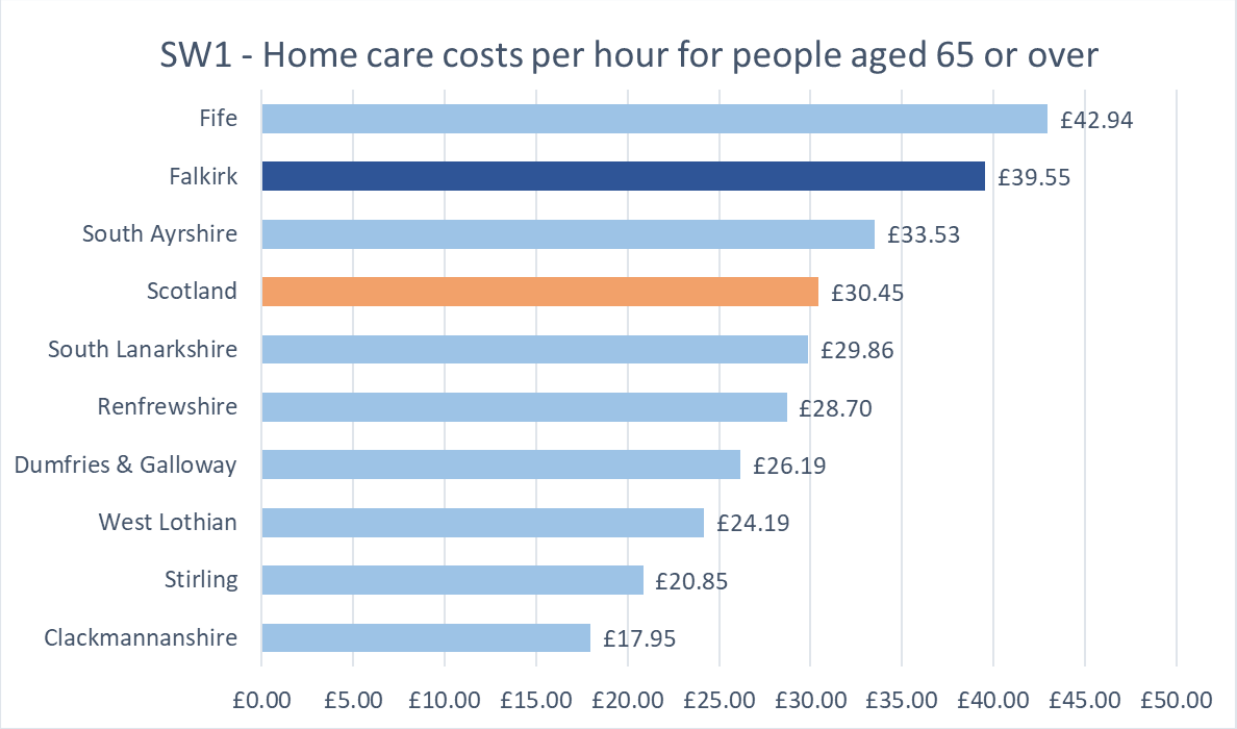
Does not perform well compared to Scotland average (not within 2% points)

Latest data for this indicator not yet available (still showing 2021/22 data)

SW1 - Home care costs per hour for people aged 65 or over

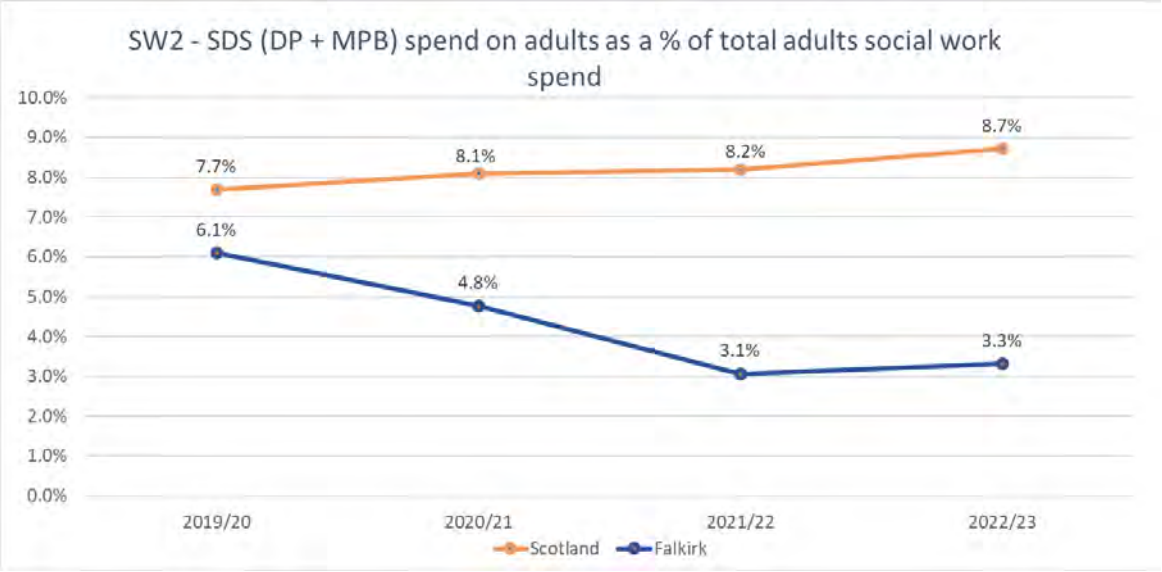
Falkirk's costs have risen higher than the national average increasing by around £10 since 2019/20, dropping only slightly in 2021/22. Falkirk is also the second highest within its peer group, at £21.60 higher in cost than Clackmannanshire (lowest cost) and £3.39 below Fife (highest cost). Note the significant range in costs presented across the Local Authority areas suggests there is a difference in approach and methodology and not like for like comparisons. This indicator should be interpreted with caution.

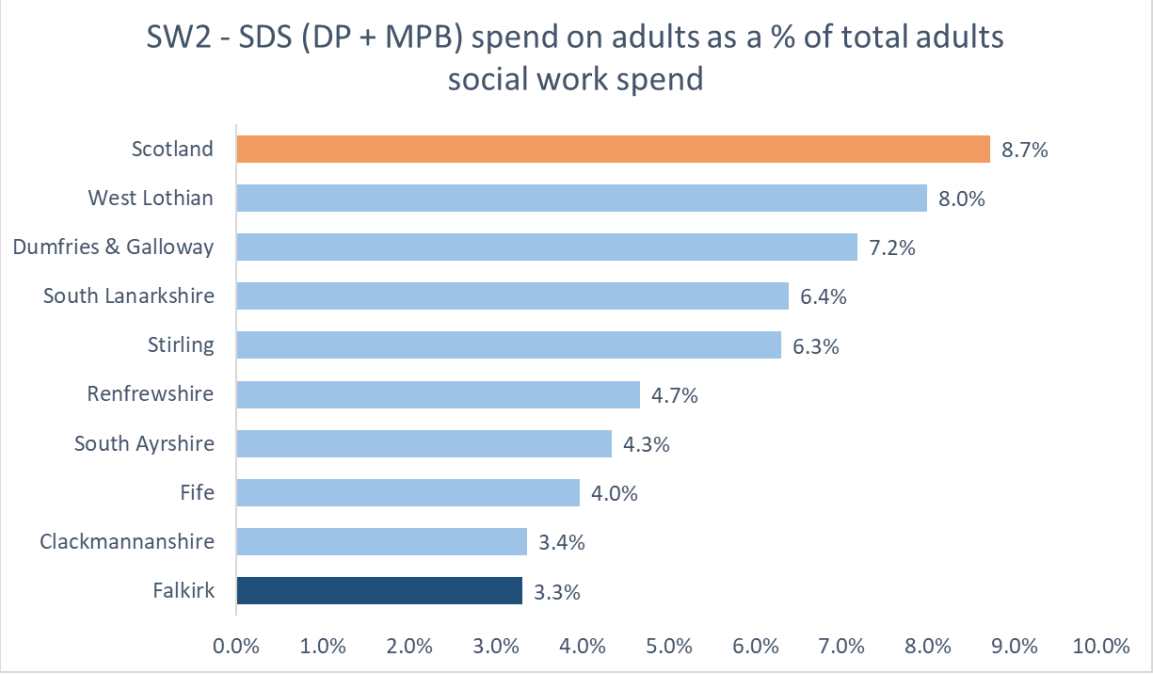




SW2 - Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend

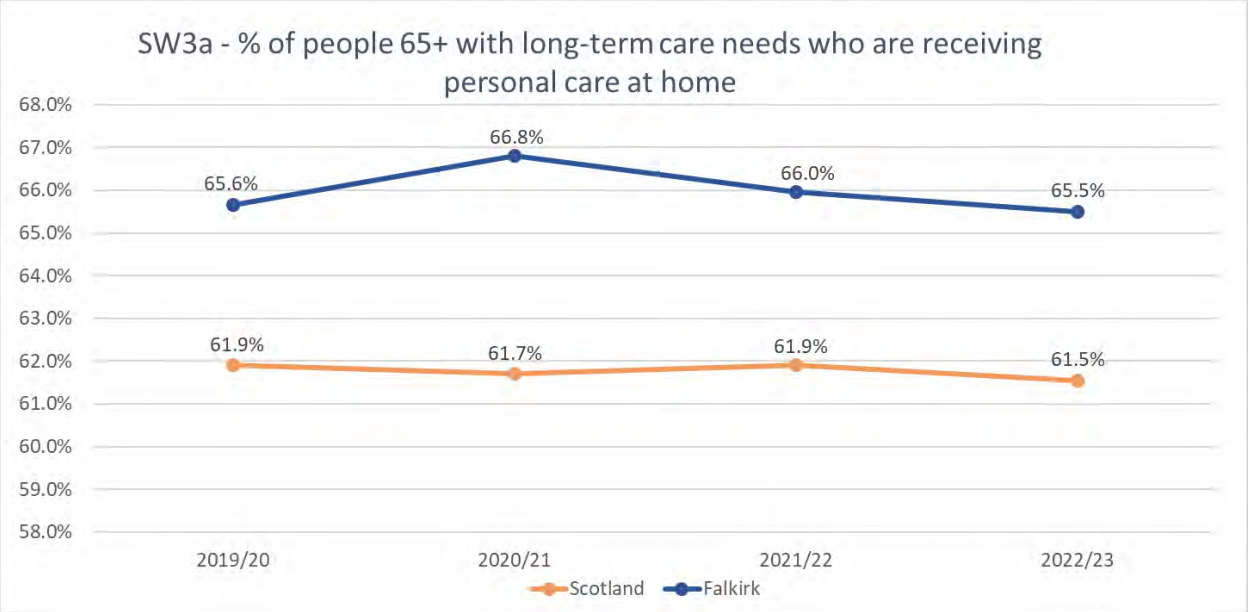
The percentage of Self Directed Support (SDS) Payments from the total social work spend on adults aged 18 plus for Falkirk has been lower than the national average for the last 4 years. This figure has decreased over the years and has halved since 2019/20 from 6.1% to 3.1% in 2021/22, with only a slight increase in 2022/23 to 3.3%, while the National figure has been slowly increasing each year. Falkirk is also now the lowest in our peer group, with Clackmannanshire being the lowest the previous year. Whilst this indicator focuses on Options 1 and 2 of Self-Directed Support, the legislation recognises that all Options have equal validity as service user choices. Work is underway to actively promote awareness of different options.

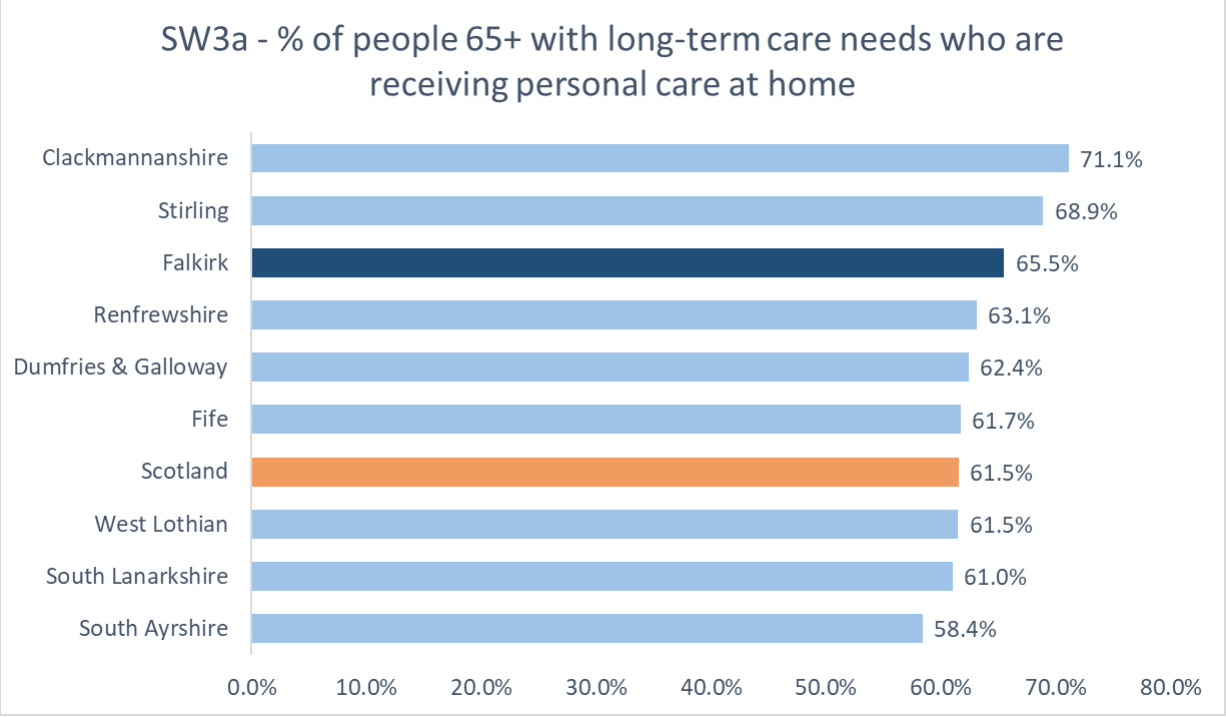



SW2 - SDS (DP + MPB) spend on adults as a % of total adults social work spend
Scotland 8.7%
West Lothian 8.0%
Dumfries & Galloway 7.2%
South Lanarkshire 6.4%
Stirling 6.3%
Renfrewshire 4.7%
South Ayrshire 4.3%
Fife 4.0%
Clackmannanshire 3.4%
Falkirk 3.3%
0.0% 1.0% 2.0% 3.0% 4.0% 5.0% 6.0% 7.0% 8.0% 9.0% 10.0%

SW3a - % of people aged 65 and over with long-term care needs receiving personal care at home

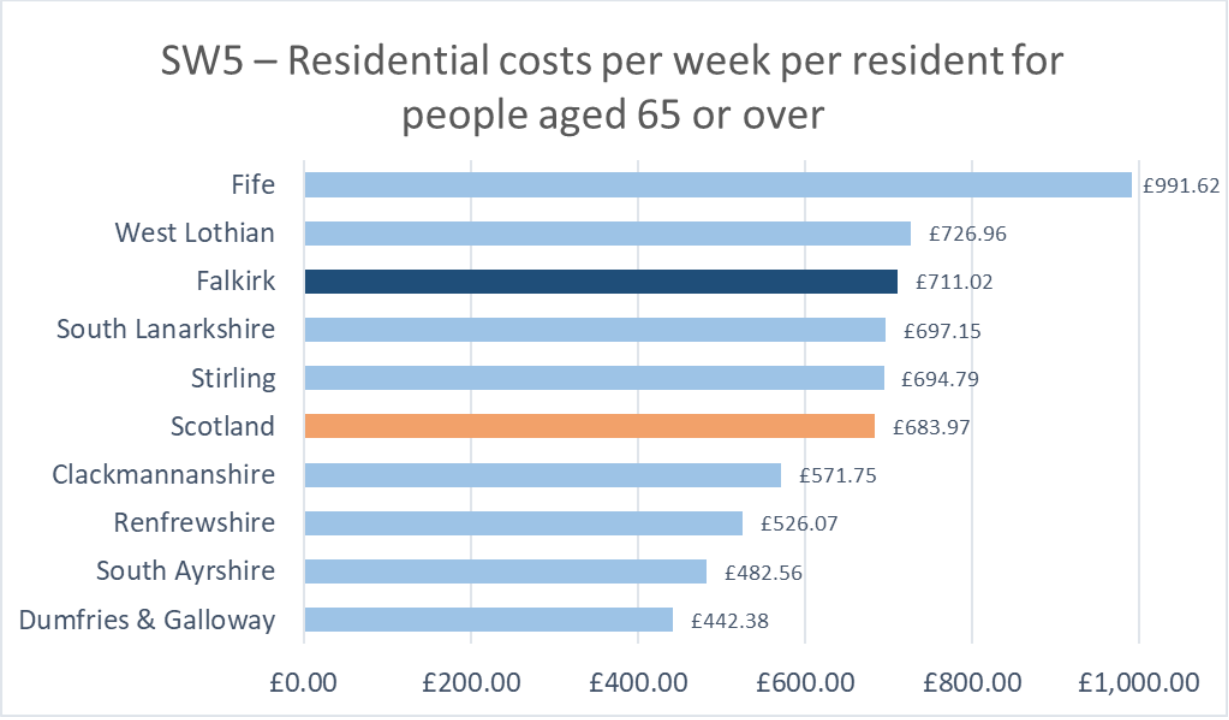
The percentage of people 65 and over with long-term care needs who are receiving personal care at home has remained consistent over the last few years averaging around 66%. Falkirk has continued to be around 4% higher than Scotland and in the last 2 years was in the highest 3 in relation to its peers, with Clackmannanshire and Stirling being the highest.





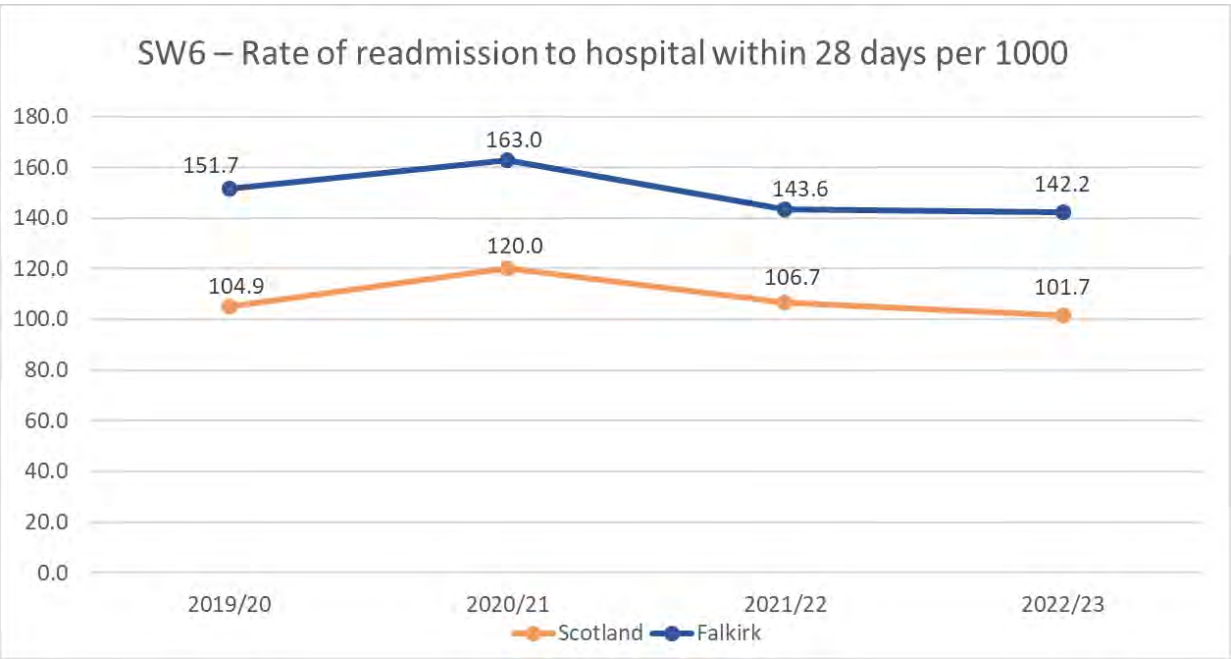
SW5 – Residential costs per week per resident for people aged 65 or over

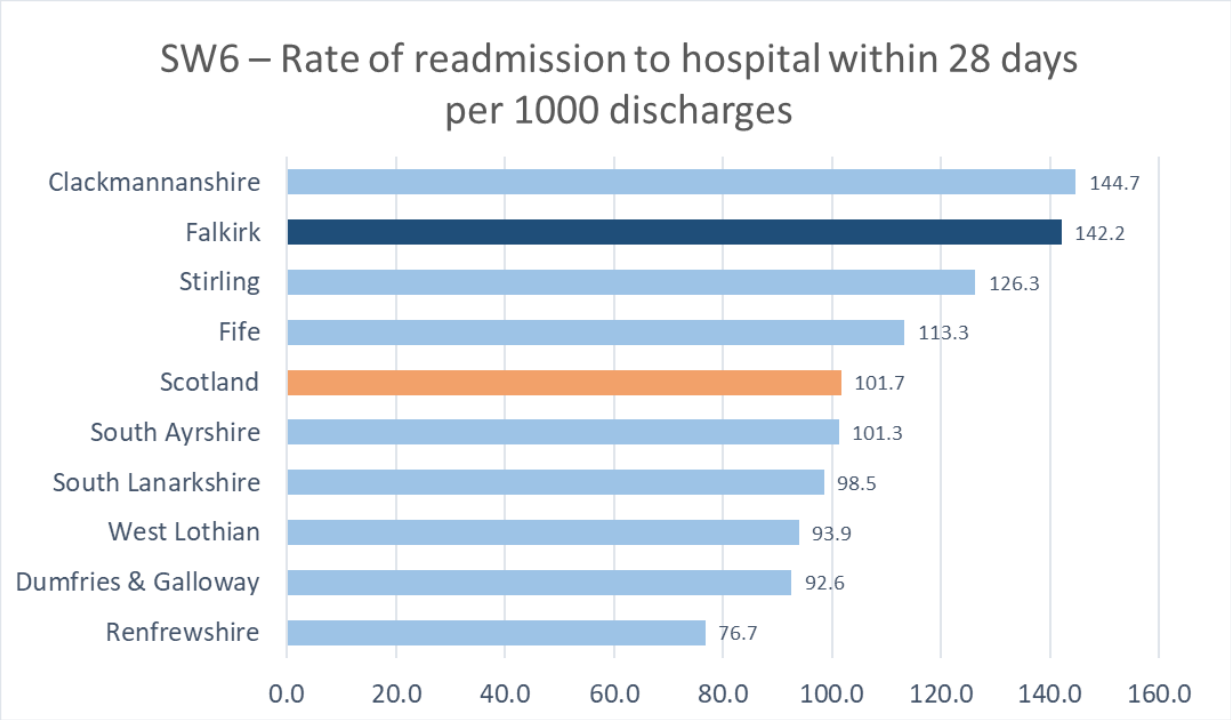
In the past decade Falkirk has consistently had a lower average cost compared to the national average, with both seeing a rise since 2019/20. Falkirk has now risen above the national average by £27.05 in 2022/23. Falkirk is 3rd highest in relation to its peers with Fife being the highest at £280.60 higher than Falkirk. Note the significant range in costs presented across the Local Authority areas suggests there is a difference in approach and methodology and not like for like comparisons. This indicator should be interpreted with caution.



SW6 – Rate of readmission to hospital within 28 days per 1,000 discharges

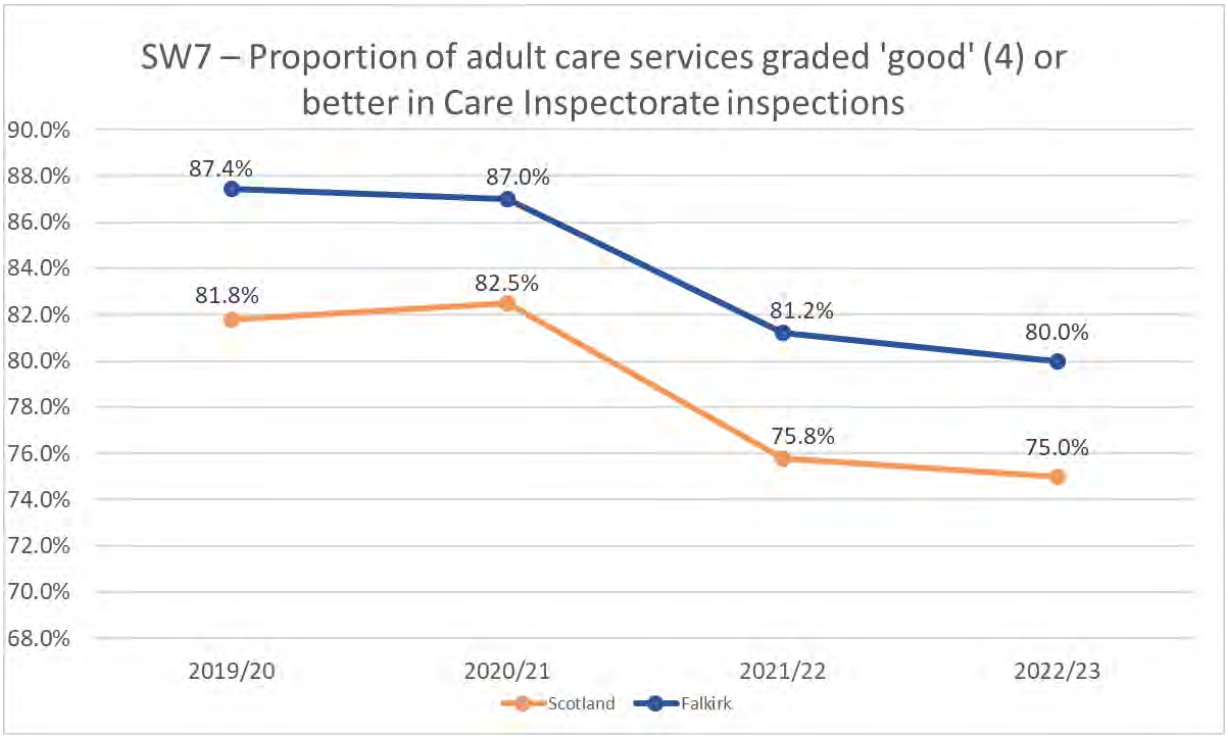
Readmission rates increased in 2020-21 for both Falkirk and Scotland after a very gentle increase in the previous 9 years. Since 2020/21 both Falkirk and the national average have seen a decrease and are now lower than they were in 2019/20.

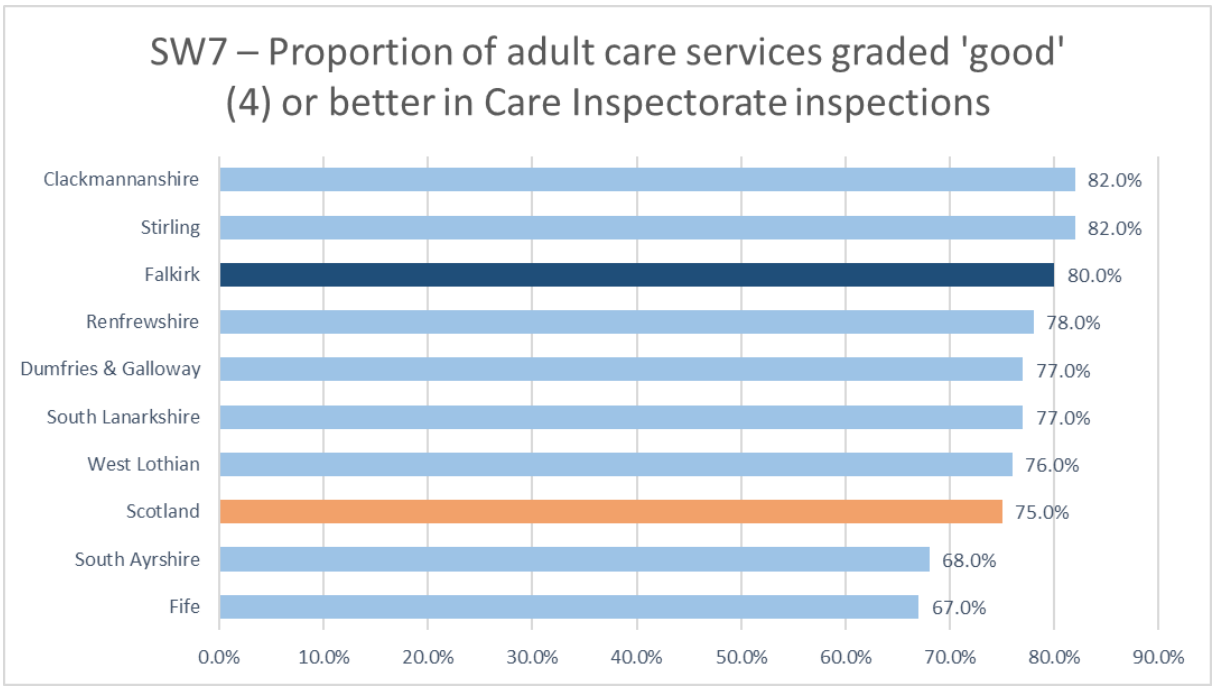




SW7 – Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

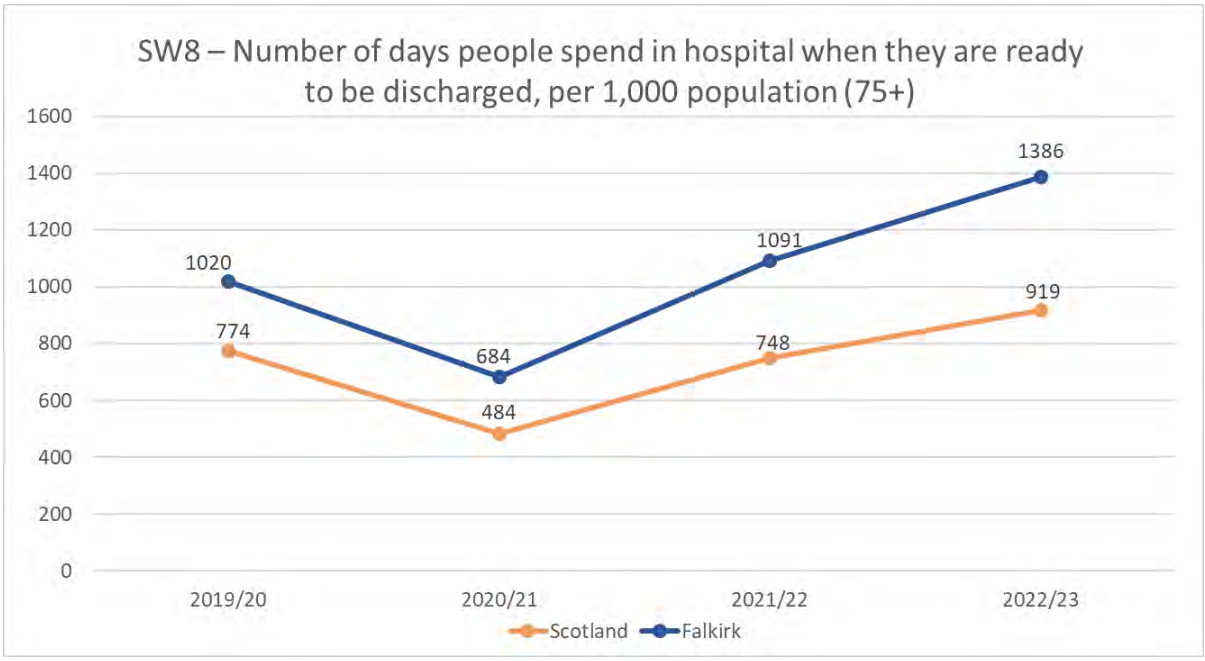
Both Falkirk and the national average have continued to drop in percentage since 2021/22 for this indicator by around 7%, however Falkirk still remains consistently higher than the national average. Falkirk is 3rd top within its peer group, highest being Clackmannanshire which had previously been 10 percentage points higher than Falkirk and is now closer at 2 percentage points higher.

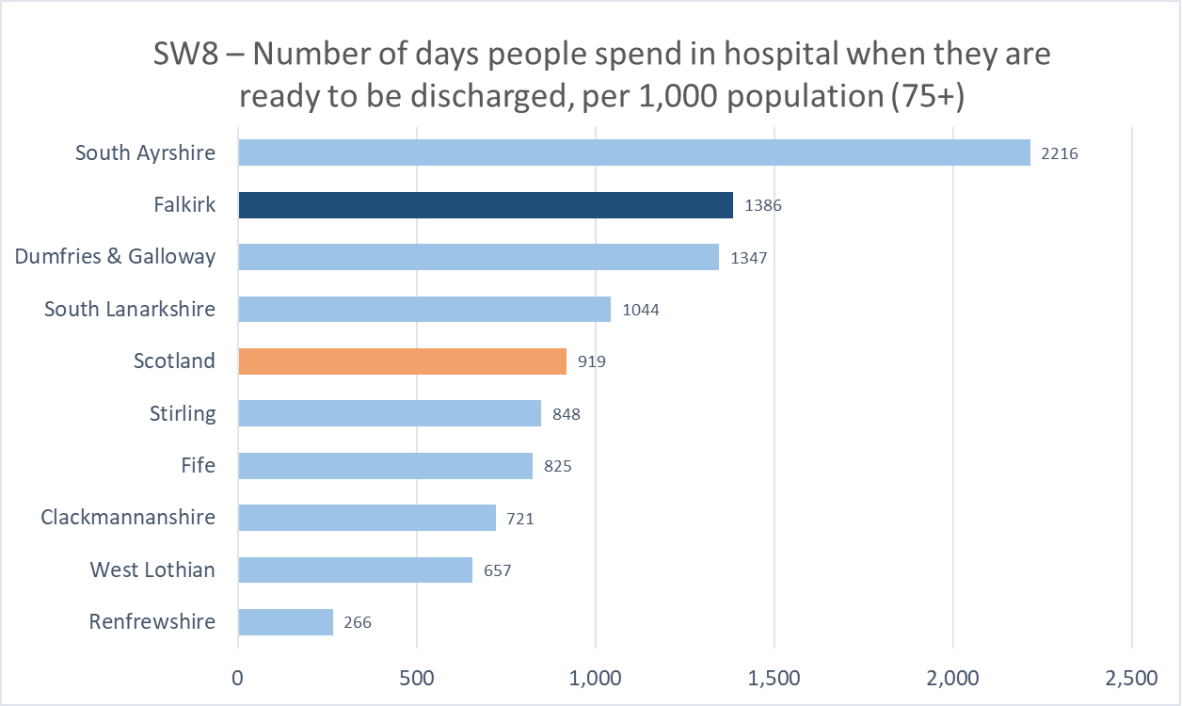




SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Delayed Discharges dropped in 2020/21 as a result of the pandemic and restrictions before rising again as restrictions lifted. Although both Scotland and Falkirk follow a similar trend, Falkirk's rate is substantially higher than the national average. Of the peer group, only South Ayrshire residents spent more days in hospital when ready to be discharged.





Agenda Item:8

Falkirk IJB Clinical and Care Governance Committee

17 September 2024

HSCP Complaints and Feedback Performance Report April - June 2024

For Consideration and Comment

1. Executive Summary

1.1 The report provides an overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during the period of April to June 2024 (Quarter 1). The report details the number of complaints received, local resolution, compliance with the 5-day and 20-day national targets and Scottish Public Services Ombudsman (SPSO) referrals.

1.2 The report details 37 complaints received via the Council Complaints Handling Procedure (CHP) and 7 complaints received via NHS CHP during the reporting period. There have been no complaints received via the IJB CHP.

1.3 The report also provides an update on feedback received through Care Opinion and other mechanisms about HSCP services.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

2.1 Consider and comment on the content of the report.

3. Background

3.1 The report sets out complaints received that relate to the functions and services provided by the HSCP. In line with the current Complaints Handling Procedures, HSCP staff respond to complaints about social work and social care services using the Falkirk Council CHP. HSCP staff responding to complaints about health services use the NHS CHP. Where complaints cut across services, we have an agreed process that ensures there is clarity and a consistent approach as to which service will take the lead on investigating and responding to these types of complaints.

3.2 For complaints relating to the actions and processes of the IJB itself, the IJB CHP is used.

4. HSCP Falkirk Social Work & NHS Forth Valley Complaints & Feedback Q1

4.1 The report provides assurance to the Committee that complaints are managed and responded to effectively and provides an up-to-date complaints

and feedback report on activity during the period April to June 2024 shown in Appendix 1.

Resource Implications
There are no resource implications arising from the report.

Impact on IJB Outcomes and Priorities
There is no direct impact resulting from the recommendations of this report.

Directions
There is no new Direction or amendment required.

Legal & Risk Implications
There are no legal or risk implications arising from the report and data presented.

Consultation
No consultation was required to develop the report.

Equalities assessment
EPIA reference: 00477

An initial EPIA has been completed and a full EPIA is not required. This paper provides an overview of complaints and feedback activity across the Falkirk Health and Social Care Partnership (HSCP) for Committee to note. The Committee is not being asked to make a decision which will have a proportionate or relevant impact on people, therefore a full EPIA is not required.

Should there be any changes to service delivery arising from a complaint, or a change to the complaints handling procedure, an EPIA may be required in that instance.

5. Report Author

Gordon Mackenzie, HSCP Locality Manager (East)
Eilidh Gallagher, Head of Person Centered Care

6. List of Background Papers

None

7. Appendices

None

Complaints & Feedback Report Q1

Reporting Period

April – June 2024

Contents

1 Complaints: Falkirk Council HSCP Social Work Services 3

2 Complaints Outcomes 6

3 Complaints & Feedback NHS Forth Valley 11

4 Scottish Public Services Ombudsman (SPSO) 14

5 Compliments & Feedback 15

1 Complaints: Falkirk Council HSCP Social Work Services

1.1 During the reporting period, April to June, there were 37 complaints received about Falkirk Council HSCP services, detail is provided in Table 1 below.

Performance of Complaints Completed within Timescale

1.2 Performance overall increased from 59% of (closed) complaints answered within timescale in Quarter 4 to 73% in Quarter 1.

- Stage 1 performance increased from 58% to 69%
- Stage 2 performance increased from 67% to 88%

1.3 After the significant drop in compliance with timescales reported in the previous quarter, the improvement in percentage of Stage 1 complaints completed within timescale for this quarter, despite a significant increase in the number of complaints, is a positive step. The service will look to build on the improved compliance, maintaining a focus on timescales, to sustain progress, while continuing to support managers, especially new managers, with the process where required.

1.4 Table 1 shows quarterly data for 2023-24 (Q2-4) and 2024-25(Q1), with table 2 showing longer range data over the past three years. At this stage it is too early to say whether the increase in complaints received during Q1 (29) indicates a trend as quarterly complaints averaged 25 in 2022/2023, but this is something we will consider more closely when Q2 data is available.

Table 1: Falkirk HSCP Complaints Number & Response Performance

Measure	Stage 1					Stage 2				
	Q2 23-24	Q3 23-24	Q4 23-24	Q1 24-25	Direction of travel	Q2 23-24	Q3 23-24	Q4 23-24	Q1 24-25	Direction of travel
The number of FC HSCP complaints	16	12	19	29	▲	3	1	3	8	▲
Number of FC HSCP complaints completed within timescales	13	10	11	20	—	1	1	2	7	—
Number of B (above) to which extensions were applied	2	1	0	1	—	0	0	0	1	—
Percentage completed within timescales	81%	83%	58%	69%	▲	33%	100%	67%	88%	▲

* The current complaints process target for completion is 100% within timescales
Stage 1 = 5 working days from receipt, + 5 working days if extension applied
Stage 2 = 20 working days, + necessary time if extension applied.

Table 2: Falkirk HSCP Complaints: Number & Response Performance Annual data 2021–2024

Measure	Stage 1				Stage 2			
	Apr 21-Mar 22	Apr 22-Mar 23	Apr 23-Mar 24	Direction of travel	Apr 21-Mar 22	Apr 22-Mar 23	Apr 23-Mar 24	Direction of travel
The number of FC HSCP complaints	60	95	66	▲	8	14	11	▲
Number of FC HSCP complaints completed within timescales	46	60	48	–	5	13	8	–
Number of B (above) to which extensions were applied	2	3	3	–	1	1	1	–
Percentage completed within timescales	77%	63%	73%	▲	63%	93%	73%	▼

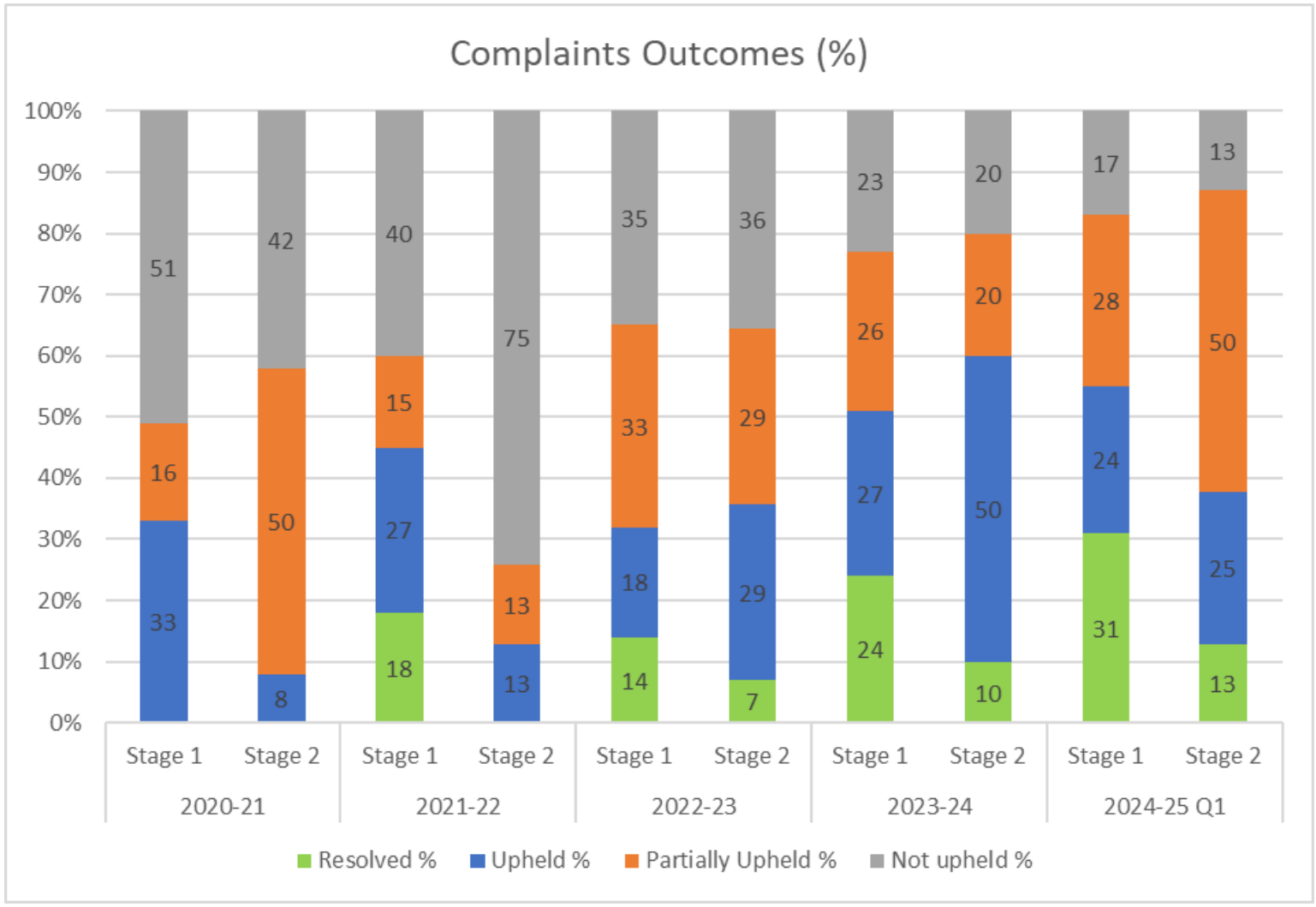
2 Complaints Outcomes

2.1 The SPSO requires organisations to determine the outcome of complaints, based on four possible outcome categories. These are:

Upheld	Where the organisation is at fault
Not upheld	Where the organisation is not at fault
Partially upheld	Where some aspects of a complaint are upheld and others are not
Resolved	Where, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint. It is not usually necessary that the organisation continues investigating a resolved complaint although it may choose to do so, for example to identify learning.

2.2 The outcomes of complaints show significant variation year on year. Given the small numbers involved, the variation is perhaps unsurprising but as stated above, is the subject of ongoing analysis. Chart 1 shows the outcome of complaints since April 2020. The resolved category was introduced by the SPSO in April 2021, so will appear in data only after that date.

Chart 1: Outcome of Social Work Adult Services Complaints



2.3 Updates to the complaint categories within Falkirk Council's recording system were implemented in April 2022 to reflect the most common complaint themes identified by the SPSO.

2.4 Tables 3 and 4 give an overview of complaints received during 2024-25(Q1); broken down by service area, complaint category and outcome.

Table 3 – Falkirk Council HSCP Services Stage 1 Complaints Overview – Area, Type, Outcome

Service Area	Complaint Category Stage 1	Not Upheld	Partially Upheld	Resolved	Upheld
Community Care Teams	Conduct, treatment by or attitude of a member of staff or contractor	3	1	0	0
	Delay or perceived delay in providing a service	0	0	2	0
	Disagreement with a decision	0	1	0	0
	Inadequate quality or standard of service	0	0	1	1
Home Care	Conduct, treatment by or attitude of a member of staff or contractor	0	1	2	0
	Failure or refusal to provide a service	0	1	0	0
	Inadequate quality or standard of service	0	1	0	3
	Other complaint issue not covered by agreed complaint themes/descriptors	0	0	2	0
Hospital Team	Conduct, treatment by or attitude of a member of staff or contractor	1	0	0	0
MECS	Conduct, treatment by or attitude of a member of staff or contractor	1	0	0	2
	Delay or perceived delay in providing a service	0	1	0	0
	Failure or refusal to provide a service	0	1	0	0
	Inadequate quality or standard of service	0	0	0	1

Service Area	Complaint Category Stage 1	Not Upheld	Partially Upheld	Resolved	Upheld
	Miscommunication between member of staff and service user or family	0	1	0	0
Mental Health Team	Conduct, treatment by or attitude of a member of staff or contractor	0	0	2	0
	Total	**5**	**8**	**9**	**7**

Table 4 - Council HSCP Services Stage 2 Complaints Overview – Area, Type, Outcome

Service Area	Complaint Category Stage 2	Still open	Not Upheld	Partially Upheld	Resolved	Upheld
Community Care Teams	Conduct, treatment by or attitude of a member of staff or contractor	0	0	2	0	0
	Disagreement with a decision	0	0	1	0	0
	Inadequate quality or standard of service	0	0	0	0	1
	Miscommunication between member of staff and service user or family	0	0	0	0	1
Hospital	Conduct, treatment by or attitude of a member of staff or contractor	0	0	0	1	0
Mental Health Team	Conduct, treatment by or attitude of a member of staff or contractor	0	0	0	1	0
	Total	**0**	**1**	**4**	**2**	**8**

2.5 Overall, it remains the case that there are a low number of complaints given the large number of service user contacts. Around 9,000 people receive an assessment/review each year.

Complaints made to the Care Inspectorate

2.6 In relation to registered services that are provided by the Health and Social Care Partnership, any complaints that are upheld following investigation by the Care Inspectorate will be recorded on the Council's Customer First system by the relevant manager or senior manager for the service.

2.7 There were no complaints to the Care Inspectorate, which were upheld, notified to us in this quarter.

3 Complaints & Feedback NHS Forth Valley

3.1 During the reporting period April - June 2024, a total of 7 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall quarterly performance for responding to complaints within this period for Stage 1 and Stage 2 is 28.6%.

3.2 On analysis of Stage 1 complaints, it is noted that the HSCP received 2 Stage 1 complaints during the period and achieved an 100% performance and for the same period 5 Stage 2 complaints were received, and an 0% performance target was achieved in responding to complaints within 20 working days.

3.3 A breakdown of the overall figure into Stage 1 and Stage 2 complaints for April – June 2024 indicates:

- 1 complaint was responded to within 5 working days (Stage 1)
- 1 complaint was responded to within 6-10 working days (Stage 1)
- 0 complaint was responded to within 20 working days (Stage 2)

3.4 the top themes for April – June 2024 are:

- Communication – Verbal / Written (2)
- Staff/Attitude and Behaviour (2)
- Treatment/Clinical (1)
- Treatment / Delay in Diagnosis Treatment (1)
- Treatment / Poor Co-Ordination / Aftercare (2)
- Treatment / Poor Nursing Care (1)
- Treatment/ Treatment / Inv Carried Out Poorly (2)
- WT/Date of Appointment (3)

Complaint Type and Category

3.5 In total there are approximately 14 listed against the delegated functions. During the period January – March 2024, 3 departments have received complaints. The department and complaint type and category are detailed in table 5 below.

Table 5: NHS Department, Complaint Type and Category

Month	Category Type	Category	Department
April – 24	WT/Date of Appointment	Unacceptable Waiting Time for Appt	Woodlands Resource Centre
		WT / Date of Appt / Other	Woodlands Resource Centre
May – 24	Staff / Attitude and Behaviour	Insensitive To Patient Needs	Woodlands Resource Centre
		Staff Attitude	Woodlands Resource Centre
	Communication – Verbal / Written	Lack of Communication/Explanation	Woodlands Resource Centre
	Treatment/Poor Co-Ordination /Aftercare	Lack Of Care Planning	District Nursing (Falkirk)
	Treatment/Treatment/Inv Carried Out Poorly	Treatment Didn't Have Expected	District Nursing (Falkirk)
	WT/Date of Appointment	Appt Date Cannot Be Given to the Patient	Woodlands Resource Centre
June - 24	Communication - Verbal/Written	Lack Of Clear Explanation	Woodlands Resource Centre
	Treatment/clinical	Disagreement With Treatment/Ca	District Nursing (Falkirk)
	Treatment/Delay in Diagnosis Treatment	Treatment Cancelled	Woodlands Resource Centre
	Treatment/Poor Co-Ordination /Aftercare	Lack Of Discharge Arrangements	Community Treatment & Care (CTAC) Falkirk
	Treatment/Poor Nursing Care	Lack Of Clear Explanation	District Nursing (Falkirk)
	Treatment/Treatment/Inv Carried Out Poorly	Treatment Didn't Have Expected	Community Treatment & Care (CTAC) Falkirk

NHS Complaint Outcomes and Shared Learning

3.6 Detailed below is a breakdown of the outcomes following completion of the investigation into the issues raised by complainants during the period April - June 2024.

Table 6 – NHS Complaint Outcomes

Outcome	Stage 1	Stage 2
Not upheld	2	2
Unresolved	0	3

3.7 It is noted that during the period April - June 2024, 0 complaints out of the 7 complaints received have been fully upheld.

4 Scottish Public Services Ombudsman (SPSO)

Falkirk HSCP

4.1 There were no complaints received or closed in Q1 (2024/25) from the SPSO.

NHS Forth Valley

4.2 During the period April - June 2024 it is noted that no complaints have been referred to the SPSO for investigation.

IJB

4.3 There were no complaints referred to the SPSO during the reporting period January – March 2024.

5 Compliments & Feedback

Falkirk Council HSCP services Customer Feedback

5.1 Twenty people took the time to provide positive feedback directly to Falkirk Council HSCP services during 2024-25 (Q1). Nine were received by the Joint Loan Equipment Service, four from Home Care, four from Residential Care and three from the Community Care Teams. Table 7 shows a sample quote from these.

Table 7 – Council HSCP Services Positive Customer Feedback, example

Service area/Team	Customer quote
East Locality Assessment and Care Planning Team	The allocated worker was calm, approachable and keen to listen to us and for that we are truly thankful. My dad is now happy and safe in his care home and his quality of life has improved because of that.

NHS HSCP Services Compliments and Feedback

5.2 During Quarter 1, 15 people took the time to provide positive feedback/give a compliment to the following services – Community Hospitals In-patient areas, Dental Services, District Nursing, Woodland Resource Centre, Allied Health Professional (AHP) Reach and Allied Health Professional (AHP) Physiotherapy (MSK PT).

Table 8 - Positive Feedback

Category	Total
Compliment - Thank You / Care & Treatment	13
Feedback to Service	2

Care Opinion Feedback

5.3 Care Opinion is an online integrated platform where people can safely share their experience of any health or care service. Care Opinion has successfully worked with all Health Boards in Scotland as well as ten Health and Social Care Partnerships. All Falkirk HSCP services can now be commented on via Care Opinion.

Table 1: Q1 Story Responsiveness*

Service	Stories	Responsiveness	Mean Response Time
Falkirk HSCP (total)	3	100%	57 hours
Adult Health Services	2	100%	3 days
Adult Social Work Services	1	100%	2 hours

*Responsiveness is the % of stories that have been responded to by staff

Table 2: Q1 Criticality Ratings**

Service	Stories	Not Critical (0)	Minimally Critical (1)	Mildly Critical (2)	Moderately Critical (3)	Strongly Critical (4)	Severely Critical (5)
Falkirk HSCP (total)	3	3	-	-	-	-	-
Adult Health Services	2	2	-	-	-	-	-
Adult Social Work Services	1	1	-	-	-	-	-

**All stories published on Care Opinion are moderated to support online conversations. During the moderation process, all stories are rated against a criticality rating scale (0-5): Not Critical (0), Minimally Critical (1), Mildly Critical (2), Moderately Critical (3), Strongly Critical (4), Severely Critical (5). The criticality ratings for individual stories are not published publicly.

Service Feedback

5.4 Services have been actively encouraging people to share feedback on Care Opinion since it launched in April 2023.

Table 3: Q1 Service Feedback

Service	Stories	Total Response Time (Hours)	Changes Planned
Adult Health Services	**2**	**166**	**No**
AHP Physiotherapy	1	69	No
ReACH Falkirk	1	97	No
Adult Social Work Services	**1**	**2**	**No**
Thornton Gardens	1	2	No

5.5 Some examples of positive feedback provided are included below:

- "I had muscle failure in my upper arm and shoulder and the physio service has been wonderful, all the staff were so polite and helpful." (Great physios – thanks so much, 12/04/2024)

- "I suffered a stroke in March 2023. I moved to Falkirk later that year and I have been helped so much and encouraged by my physiotherapist and occupational therapist. My mobility has improved greatly and I have become more confident and willing to get back to living my life all thanks to their support and encouragement." (It's all thanks to their support and encouragement, 18/04/2024)

- "The staff are great emotional support and are there when you them to give you advice and are easy to talk to as well as when you are happy or sad. They are fun to be around in Thornton Gardens and out of the place. They love, laugh and giggle as well as everyone in here has a great personalities to be around and very fun interests and are very open." (Great emotional support, 27/06/2024)

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

Clackmannanshire & Stirling IJB Annual Performance Report 2023/2024
For: Assurance

Executive Sponsor: David Williams, Interim Chief Officer Clackmannanshire and Stirling Health and Social Care Partnership
Author: Wendy Forrest, Head of Strategic Planning and Health Improvement Clackmannanshire and Stirling Health and Social Care Partnership

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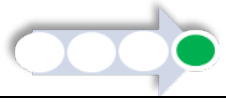
Executive Summary
This report offers assurance that the Integration Joint Board continues to fulfil its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the delegated functions, and as set out in the current Strategic Commissioning Plan 2023 - 2033.

The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership. The Health and Social Care Partnership is the delivery vehicle for the community health and social work/care services delegated by NHS Forth Valley, Clackmannanshire Council and Stirling Council.

Recommendation:
The Forth Valley NHS Board is asked to: -

1) **note** the activity outlined within the Clackmannanshire and Stirling IJB Annual Performance Report 2023 / 2024.

Assurance

Level of Assurance	System Adequacy	Controls
Substantial Assurance 	Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

Key Issues to be considered:
Under the Public Bodies (Joint Working) (Scotland) Act 2014 Section 42 the Integration Authority must produce an Annual Performance Report (APR) for the reporting period, in this case 1 April 2023 to 31 March 2024. The report must be published by 31 July.

As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 No. 326 the Annual Performance Report must cover a range of areas, these include:

1. An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.
2. Financial planning and performance
3. Best value in planning and carrying out integration functions
4. Performance in respect to Localities
5. Inspection of services
6. Review of the Strategic Plan
7. Any other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

The Annual Performance Report Executive summary (Appendix 1) and Annual Performance Report 2023/2024 (Appendix 2) reflects on our progress together as a Health and Social Care Partnership from 1 April 2023 to 31 March 2024.

This report reflects the significant work and efforts of all people who support the communities of Clackmannanshire & Stirling.

Despite the end of the pandemic, there has not been a return to pre-pandemic trends. Instead, pressures on services have increased upon care and support services and that may last for many years to come.

The Annual Performance Report demonstrates the activity across the HSCP in the past year. It also recognises the challenges we continue to face to meet the challenge of the growing and changing level of need in our population, against a backdrop of financial challenge as well as recruitment & retention issues.

Within the Annual Performance Report we have illustrated the linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards.

Within the guidance, we are required to publish the Core Indicator set published by Public Health Scotland. This data is standardised and allows us to compare our performance to national trends and with other Partnership areas. This data is published annually in July and we have included analysis within the Annual Performance Report.

Local and National Data Availability

The report uses a range of data to describe and illustrate performance within the HSCP, and when data is used the source will be noted. Local data is gathered within the HSCP and NHS Forth Valley.

We are required to publish the National Core Suite of Integration Indicators, this is published by Public Heath Scotland. These indicators are a standard national set of data and allows us to compare our performance with other HSCP s and to the national average. National data covers all residents within the HSCP area and all services that have been used. This means that if a resident attended a hospital out with Forth Valley the data will be included.

Public Health Scotland publish their most up to date indicators annually in July. Where full information to March 2024 is not available guidance from PHS is to use the 2023 calendar year as a proxy for 2023/24. Where this has occurred it has been noted.

The Core Indicators are reported throughout the main body of the report, within the context of our strategic policies and we have provided comparisons against other HSCP areas in our LGBF family group (comparators) and the national average.

The Core Suite of Integration Indicators are based on Standardised Mortality Ratio (SMR01) returns from the Health Board. Where not all 100% of records have been submitted/published/validated, this affects the data and will be the main reason figures change retrospectively from year to year and month to month. Where completeness is an issue, it has been noted and mainly affects national data only.

Some methodology has also changed within the Health Care and Experience Survey which makes comparison with previous year's data difficult. Again, this has been noted where appropriate.

Public Health Scotland also publish a suite of MSG (Ministerial Steering Group) Indicators which HSCP areas can use to monitor local progress without the expectation of benchmarking or comparison within Scotland or other HSCP areas.

The MSG Indicators are reported throughout the body of this report, within the context of our strategic direction.

As an HSCP, we have a wealth of data collected by our systems within the NHS Forth Valley services, Clackmannanshire Council and Stirling Council. This data provides local information on the people supported by our services within Forth Valley, it is not always possible to compare this local data to other partnership or national figures.

The Annual Performance Report is a part of public performance reporting. It is aimed at providing the public with a simple and effective overview of the progress made towards the priorities and how we are performing. It is written in Plain English and efforts to increase accessibility will be made. For example, publication of a Reader friendly plain text version, use of videos.

Financial Implications
The management of performance is critical to managing the overall budget of the Integration Joint Board and is scrutinised via Finance and Performance Committee and subsequently the Integration Joint Board.

Workforce Implications
Any workforce implications are highlighted within the Annual Performance Report.

Risk Assessment
Key risks are highlighted within the appropriate level of Risk Register.

Relevance to Strategic Priorities
Within the Annual Performance Report we have illustrated the linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process. Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity.

Consultation Process
Quarterly Performance Reports are presented to the Integration Joint Board throughout the year and members of the public and stakeholders have the opportunity to review HSCP performance and seek additional data and information.

Annual Performance Report 2023-2024

Executive Summary

Clackmannanshire & Stirling Health & Social Care Partnership

Key Achievements in 2023/2024

- Developing and approving Locality Plans
- Developing and approving Alcohol and Drug Partnership Commissioning Plans
- Developing and agreeing a Workforce Plan including an improvement action plan
- Approved, along with Falkirk IJB, the development of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care
- Agreeing significant and ambitious transformation and savings plans to support a 'Needs Led, Resource Bound' approach and demonstrate clear alignment to strategic priorities.

£272.6m total IJB Strategic Plan Budget 2023/24

£2.616m overspend met from Reserves

Performance Summary

Performance (MSG and NCI) 25 indicators	**12** Improving performance	**6** Static	**7** Declining performance
Strategic Theme 1 - Prevention, early intervention, and harm	**7**	**1**	**2**
Strategic Theme 2 - Independent living through choice and control	**1**	**1**	**2**
Strategic Theme 3 - Achieving care closer to home	**3**	**4**	**3**
Strategic Theme 4 - Supporting empowered people and communities	**1**	**0**	**0**

Benchmarking (NCI only) 18 indicators

Scotland	**9**	Better than average	**3**	Within 5%	**6** Worse than average
Comparators	**6**	Better than average	**8**	Within 5%	**4** Worse than average

Ministerial Strategic Group (MSG) Performance Summary

Desired Trend ↑ increase ↓decrease

Strategic Theme	Performance	The MSG information covers a range of activities under the umbrella of 'unscheduled care'. These activities support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care. Unscheduled care is a core element of the health and social care system and as such, our services need to be responsive to need whilst being transformative in that contact with patients is shifted from reactive to proactive planned engagement, and from hospital settings to the community where appropriate.
ST1	↓	MSG1a - Number of emergency admissions (aged 18+) has increased for the last 3 years to 14,582 and is above the target of 10,584 set in 2015/16.
ST1	↓	MSG2a - Although the Number of unscheduled hospital bed days (aged 18+); acute specialties has decreased by 5.2% from 106,732 in 2022/23 to 101,143 in 2023/24. This is still above the target of 88,804 set in 2015/16.
ST1	↓	MSG2c - Although the available data for is for 2023 as a proxy for 2023/24 current information shows that the number of unscheduled hospital bed days (aged 18+); mental health specialties has reduced to 17,001 which is below the 2015/16 baseline of 20,378.
ST1	↓	MSG3a - A&E attendances (aged 18+) for Patients from all areas has reduced from 28,398 in 2022/23 to 26,053 in 2023/24 which is now below the 2015/16 base line of 26,585.
ST1	↓	MSG4a - Delayed discharge bed days (aged 18+) - All Reasons has increased from 14786 in 2022/23 to 15,624 in 2023/24 and is above the 2015/16 baseline of 10,069.
ST3	↓	MSG5a - Percentage of last 6 months of life spent in community (all ages) decreased to 89.2% in 2023/24 and has remained slightly under the target of 90% for the last 3 years.
ST3	↓	MSG6 -The latest information for is from 2022/23 and shows Proportion of 65+ population living in Community or institutional settings - Home (Supported and unsupported) is 96.8%. Although this is a reduction from 97.3% in 2021/22 it is still above the 2015/16 baseline target of 96.6%.

Desired Trend ↑ increase ↓decrease

Strategic Theme	Performance	Outcome Indicators - Information published by PHS is sourced from the latest Scottish Health and Care Experience Survey 2023/24. This online and postal survey is sent to a random sample of people registered with a general practice in Scotland every 2 years.	Scotland average	Comparator HSCP average
ST2	↑	**NI 1** - Percentage of adults able to look after their health very well or quite well has shown a small decrease from 91.7% to **90.8%**.	90.7%	91.8%
ST2	↑	**NI 2** - Percentage of adults supported at home who agreed that they are supported to live as independently as possible has decreased from 72.5% to **67.2%**.	72.4%	71.9%
ST2	↑	**NI 3** - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided has decreased from 64.3% to **57.9%.**	59.6%	63.7%
ST3	↑	**NI 4** - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated has decreased from 61.7% to **56%**.	61.4%	59.8%
ST3	↑	**NI 5** - Total percentage of adults receiving any care or support who rated it as excellent or good has decreased from 67.8% to **64.8%**.	70%	70.5%
ST3	↑	**NI 6** - Percentage of people with positive experience of the care provided by their GP practice has increased from 67.3% to **72.3%.**	71.3%	68.5%
ST3	↑	**NI 7** - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life has decreased from 79.2% to **66.1%.**	69.8%	69.5%
ST4	↑	**NI 8** - Total combined % carers who feel supported to continue in their caring role has increased from 26.6% to **32.8%.**	31.2%	31.9%
ST3	↑	**NI 9** - Percentage of adults supported at home who agreed they felt safe has reduced from 75.3% to **66.8%**.	72.7%	71.4%

Desired Trend ↑ increase ↓decrease

Core Suite of Integration Indicators Performance Summary

Strategic Theme	Performance	Data Indicators - Information published by PHS. Data for indicators 12, 13, 14, 15, 16 and 18 are reported for the calendar year 2023 as a proxy for 2023/24 as data for the full financial year is incomplete at this time. Data for indicator 11 to calendar year 2023 is not currently available. Data is derived from various organisational/system datasets.	Scotland average	Comparator HSCP average
ST1	↓	**NI 11** - The latest information for Premature mortality rate per 100,000 persons by Calendar Year is from 2022. This shows a decrease 440 in 2021 to **407** in 2022.	442	394
ST1	↓	**NI 12** - Emergency admission rate (per 100,000 population) has increased from 13,036 in 2022/23 to **13,127** for calendar year 2023.	11,707	12,327
ST1	↓	**NI 13** - Rate of emergency bed day per 100,000 population for adults (18+) decreased from 115,181 in 2022/23 to **110,213** for calendar year 2023.	112,883	114,651
ST1	↓	**NI 14** - Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges) has decreased from 126 in 2022/233 to **122** for calendar year 2023.	104	113
ST3	↑	**NI 15** - Proportion of last 6 months of life spent at home or in a community setting reduced slightly from 89.3% in 2022/23 to **89.2%** for calendar year 2023.	89.1%	89.4%.
ST1	↓	**NI 16** - Falls rate per 1,000 population aged 65+ has decreased from 23.8 in 2022/23 to **23.6** for calendar year 2023.	22.7	23
ST3	↑	**NI17** - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections has increased from 80.8% in 2022/23 to **84.6%**.	77%	78.7%.
ST2	↑	**NI18** - Percentage of adults with intensive care needs receiving care at home has increased from 69.3% in 2022/23 to **70.4%** for calendar year 2023.	64.5%	64.8%.
ST3	↓	**NI19** - Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population has increased from 804 in 2022/23 to **814**.	902	870

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire and Stirling Integration Joint Board Annual Performance Report 2023-2024

Contents

Message from Chair and Interim Chief Officer	2
Introduction & background	3
Our Strategic Commissioning Plan 2023-2033 - plan on a page	4
National Health & Wellbeing Outcomes	5
Overview of Clackmannanshire and Stirling	6
How we measure our performance	7
Prevention, early intervention and harm reduction	8
Independent Living through choice and control	14
Achieving Care Closer to Home	16
Supporting empowered people and communities and Locality Planning	21
Finance, Best Value and Governance Risk	27
Appendix 1 Functions delegated to Clackmannanshire and Stirling IJB	30
Appendix 2 Ministerial Strategic Group (MSG) Indicators	31
Appendix 3 National Core Indicators	33
Appendix 4 Inspection of Services	35

Message from the Chair

2023-2024 saw the cost-of-living crisis and increasing demand for services create the 'perfect storm' for health and social care across the country.

Our vision remains the same – to enable people to live full and positive lives in supported communities. We see progress on our four key strategies: prevention and early intervention; independent living; care closer to home and empowering people.

But we still face the challenge of meeting the increasing needs of an ageing population against the backdrop of limited resources. In Clackmannanshire and Stirling, one in five of us is over the age of 65 - by 2038 that will be one in four.

We need to ensure money is spent where it will most positively impact on people's health and wellbeing. That involves transforming our model of care.

For instance, £100 invested in prevention and early intervention near someone's home could save £1000s in a costly hospital stay down the line. Last year we invested in a falls prevention leader with the goal of reducing the number of emergency admissions to hospital.

And we need to make sure everyone has a say in how health and care is seamlessly delivered in their communities.

This year we strengthened our three Locality Planning Networks - Clackmannanshire, Urban Stirling and Rural Stirling. A great opportunity for you to make your voice heard, so I would welcome you to come along to one of their roadshows.

Finally would like to acknowledge the hard work and dedication of our staff, GP practices, third sector and independent providers in making a positive difference to thousands of lives. And a special shout out to our unsung heroes - the 21,000 unpaid carers who look after their loved ones in Clackmannanshire and Stirling.

Thank you

Allan Rennie

Vice Chair
Integration Joint Board

Message from the Interim Chief Officer

I want to express my sincere thanks to HSCP staff alongside colleagues in our Third and Independent sectors who have continued worked tirelessly to ensure the safe and effective provision of community health and social care and support across our communities.

This report reflects progress made in delivering against the priorities within our 2023-2033 Strategic Commissioning Plan which was approved by the Integration Joint Board in March 2023 follow an extension period of engagement with our communities and partners.

This report reflects some of the significant work and efforts of all people who worked alongside the communities of Clackmannanshire and Stirling throughout the last year. We have seen improvements in progressing key pieces of transformational work which will continue into 2024-25.

This eighth Annual Performance Report evidences that there is much to be proud of, however, it also shows that the HSCP continues to seek to meet the challenge of the growing population and increasing levels of complex needs in our population, against a backdrop of significant financial challenges now and going into the future.

Addressing these pressures will require significant further transformation in how we deliver services across the partnership area in the coming years and we will continue to provide engage with citizens to co-produce solutions to these challenges.

I hope you enjoy reading about our progress, in partnership with our communities.

David Williams

Interim Chief Officer

Introduction and background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to publish an Annual Performance Report. This is the eighth Annual Performance Report for Clackmannanshire and Stirling Integration Joint Board (IJB) where we reflect on the 2023/24 and review the progress made in delivering the priorities set out in our Strategic Commissioning Plan 2023 - 2033 which was approved by the IJB in March 2023. The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle of the Integration Joint Board, services are delivered in line with the Strategic Commissioning Plan 2023 - 2033. See Appendix 1 for a list of the functions delegated to the IJB.

The Strategic Commissioning Plan is a ten year plan based on the principles of human rights, equality and ecology. Five strategic themes reflect our aims setting out the vision and future of health and social care services in Clackmannanshire and Stirling.

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Care Closer to Home
- Supporting empowered people & communities
- Loneliness & isolation

In our Strategic Commissioning Plan, we set out our key strategic themes and priorities based on what our citizen's, staff and partners have told us; where they wish for us to focus our activity and resources based on local demographics, population and need. The participation and engagement work carried out with communities, partners and stakeholders and how this feedback alongside current data informed our priorities with in the strategic themes. We have also linked our priorities to the national and local environment and how our Enabling activities support our delivery. On page 5 we have detailed links across our strategic themes to the National Health and Wellbeing Outcomes set by the Scottish Government.

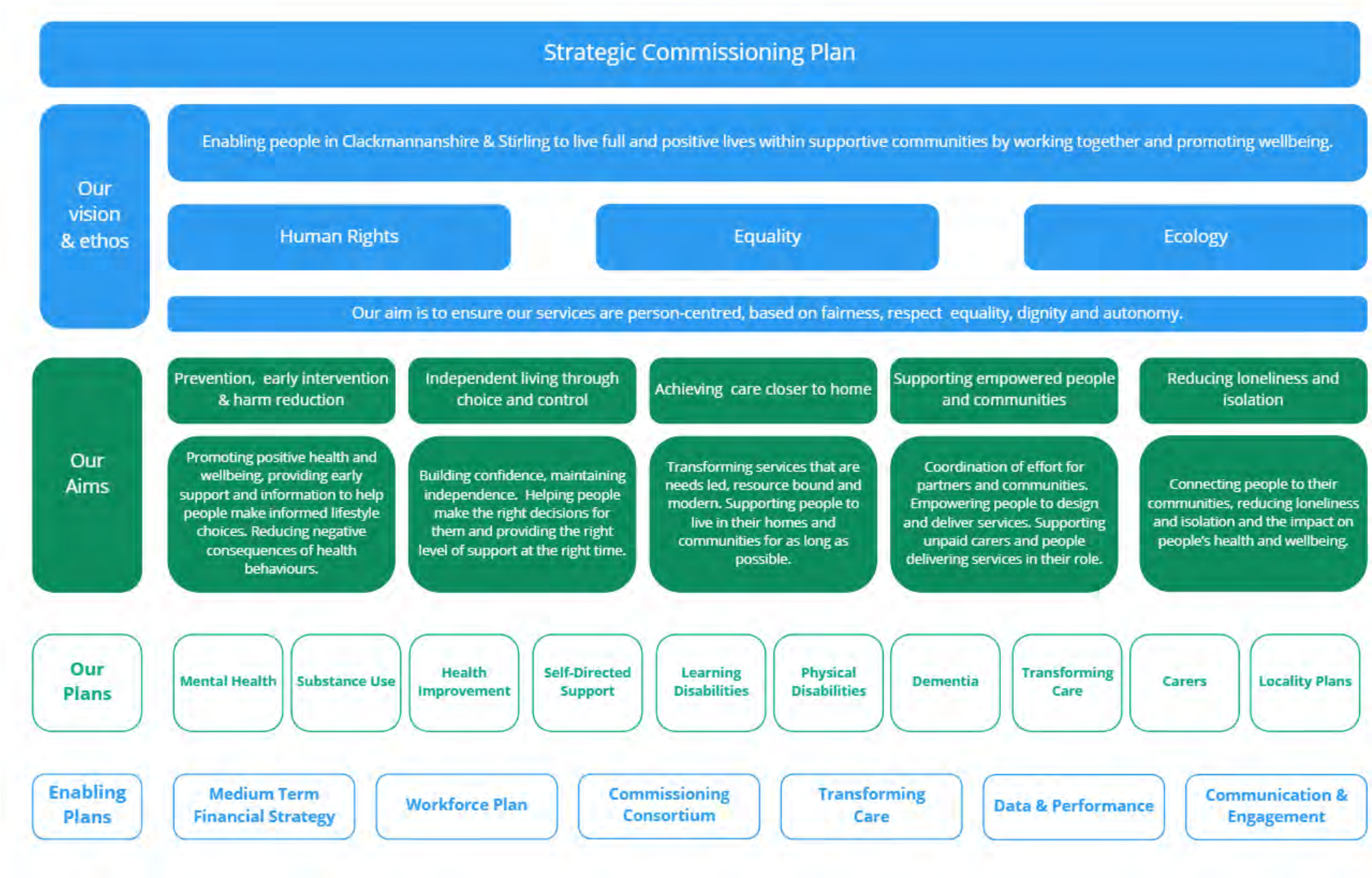
This report is a review of service delivery across Clackmannanshire and Stirling Health and Social Care Partnership including outcomes for citizens, key achievements, effective partnership working and challenges as well as reporting on the significant programme which has been delivered to modernise and transform services in recovery from the impact of COVID-19 and the challenging financial position we currently face.

Engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of all plans and policies that impact people. Stakeholders include the public, people with lived and living experience, people who access services, unpaid carers, staff, providers, third sector and independent sector. Clackmannanshire and Stirling Health and Social Care Partnership are committed to the co-design and coproduction of community health and social care in the area. Engagement with people helps us all understand need, demand and work out how to deliver this in partnership with a wide range of people and organisations.

Have your say and get involved in shaping community health and social care. You can find out more here: Get involved

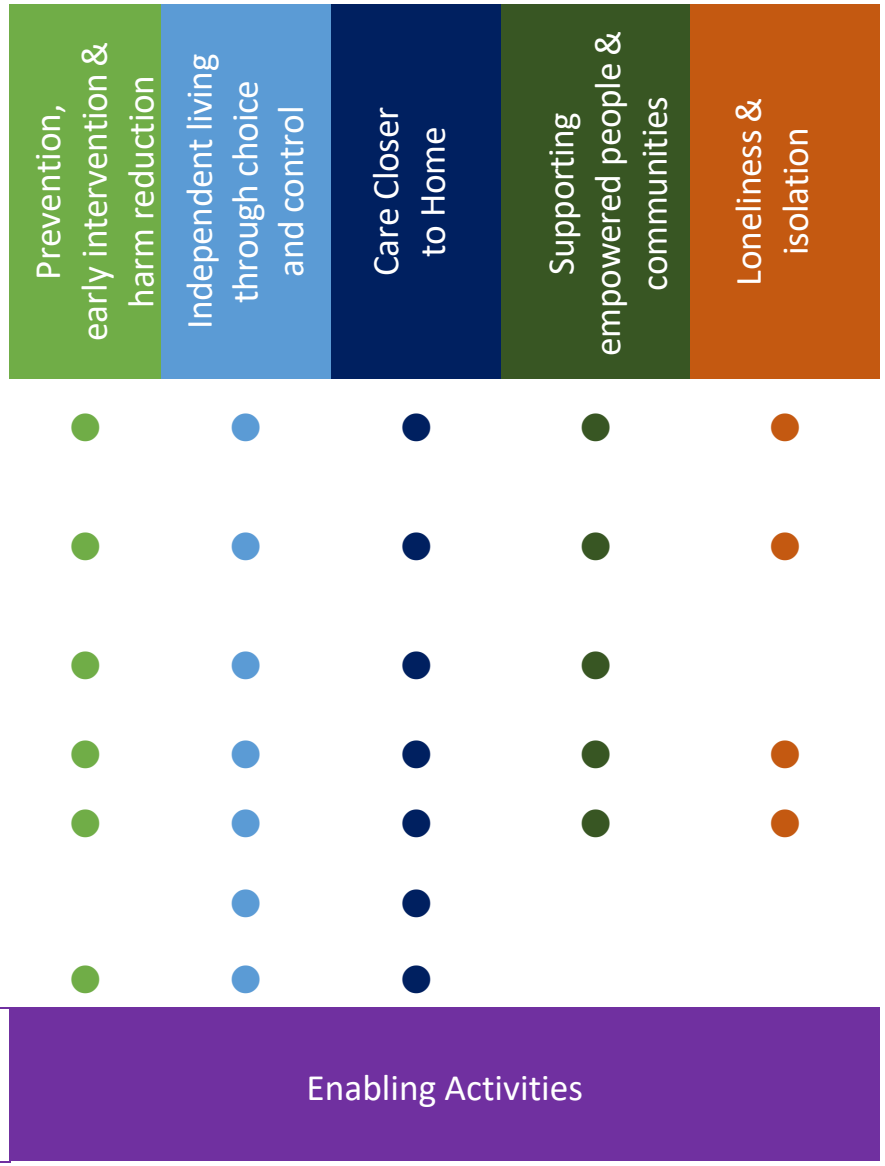
Our Strategic Commissioning Plan 2023-2033 - plan on a page


Strategic Commissioning Plan
Our vision & ethos
Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing.
Human Rights
Equality
Ecology
Our aim is to ensure our services are person-centred, based on fairness, respect equality, dignity and autonomy.
Our Aims
Prevention, early intervention & harm reduction
Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.
Independent living through choice and control
Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.
Achieving care closer to home
Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.
Supporting empowered people and communities
Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.
Reducing loneliness and isolation
Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.
Our Plans
Mental Health
Substance Use
Health Improvement
Self-Directed Support
Learning Disabilities
Physical Disabilities
Dementia
Transforming Care
Carers
Locality Plans
Enabling Plans
Medium Term Financial Strategy
Workforce Plan
Commissioning Consortium
Transforming Care
Data & Performance
Communication & Engagement

National Health & Wellbeing Outcomes

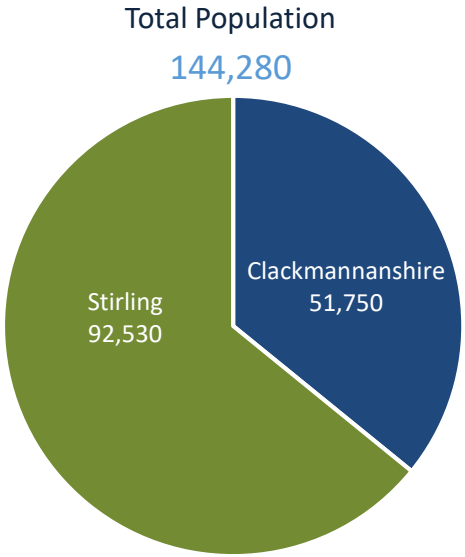
All themes and priorities of the Strategic Commissioning Plan are linked to the National Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

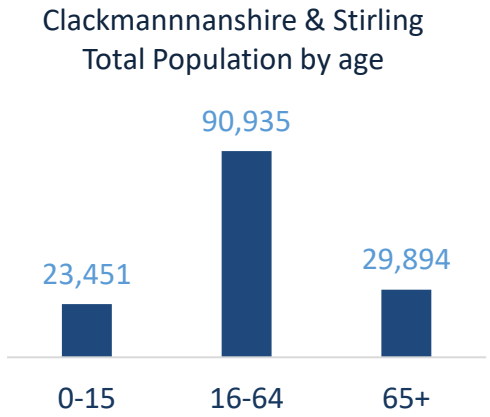
Health and Wellbeing Outcomes


Prevention, early intervention & harm reduction
Independent living through choice and control
Care Closer to Home
Supporting empowered people & communities
Loneliness & isolation
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.
Enabling Activities

Overview of Clackmannanshire and Stirling

Our Population (NRS 2022 mid-year)





Currently 20.7%, over a fifth of the population, is aged 65+. This is expected to increase to 25% by 2038 (NRS 2018 projections).

Life Expectancy (NRS 2020-22)

Females	2021	2022	Direction
Clackmannanshire	80.6	79.9	↓
Stirling	81.9	81.6	↓
Scotland	81.0	80.7	↓
Males	**2021**	**2022**	**Direction**
Clackmannanshire	76.2	75.7	↓
Stirling	77.6	77.7	↑
Scotland	76.8	76.5	↓

Female life expectancy is generally higher than male life expectancy.

When compared to Scotland, Stirling has higher life expectancy for both females and males while Clackmannanshire has lower life expectancy.

In 2022, there was a slight decrease in life expectancy, with the exception of Stirling males.

Health and Social Care Needs

- 68% of people living in Clackmannanshire and 72% of people living in Stirling consider their health to be good or very good. This compares to 70% in Scotland (Scottish Household Survey).
- In Clackmannanshire 39% of people are living with a limiting long term illness or condition. In Stirling, 38% of people are living with a limiting long term illness or condition. This compares to 37% in Scotland. (Scottish Household Survey).
- In March 2024, 638 adults with learning disabilities (288 in Clackmannanshire and 335 in Stirling) were known to HSCP (Adult Social Services).
- There are approximately 21,250 unpaid carers in Clackmannanshire and Stirling area. 12,958 people identify themselves as unpaid carers and it is estimated that there are 8,000 unknown unpaid carers.
- In Clackmannanshire 22.0% and in Stirling 17.8% of the population were prescribed medication for anxiety, depression and psychosis. This compares to 20.1% in Scotland. (ScotPHO)
- 18% of adults in Clackmannanshire and 17% in Stirling are current smokers, compared to 15% in Scotland. (Scottish Health Survey)
- In Clackmannanshire 13,426 people (26.1% of the population) live in the 20% most deprived areas of Scotland. In Stirling, 11,110 people (11.8% of the population live in the 20% most deprived areas of Scotland (SIMD 2020).

How we measure our performance

The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. The IJB needs to be able to monitor performance and measure impact for our communities against our Strategic Commissioning Plan priorities and be able to share with communities and stakeholders.

Our Integrated Performance Framework relies on an integrated approach to managing, using, and understanding our data. This is because driving performance is most efficiently achieved based on a sound understanding of the systems and processes involved. Analysing our data alongside listening to our supported people and other stakeholders provides the best way to do that and provides advantage in planning change, deploying preventative approaches, evidencing our functions under legislation and driving process and cost efficiency.

Due to the nature of the delegated services (Appendix 1) within the Health and Social Care Partnership, the data we require to report and analyse is held across systems in NHS Forth Valley, Clackmannanshire Council and Stirling Council, national datasets and a collection of smaller datasets across a range of wider partners. The complexity of multiple organisations is further complicated by the fact that each organisation works with multiple systems. This leads to challenges in pulling information together and making the reporting processes as efficient as possible. Local data is reported throughout the relevant Strategic Themes and priorities in this report.

Appendix 2 shows our performance for the Ministerial Strategic Group (MSG) indicators which support the delivery of the National Priorities Partnerships. The MSG information covers a range of activities under the umbrella of 'unscheduled care'. These activities support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care.

In Appendix 3 we have provided an assessment of our performance against the National Core Indicators (NCI) and includes comparisons with the Scottish average and with our comparator HSCP's. The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government with the latest information being published in 2023/24. The 'Data' Indicators measure mainly health activity, community and deaths information.

Performance Summary

Performance (MSG and NCI) 25 indicators	12 Improving performance	6 Static	7 Declining performance
Strategic Theme 1 - Prevention, early intervention, and harm	7	1	2
Strategic Theme 2 - Independent living through choice and control	1	1	2
Strategic Theme 3 - Achieving care closer to home	3	4	3
Strategic Theme 4 - Supporting empowered people and communities	1	0	0

Benchmarking (NCI only) 18 indicators						
Scotland	9	Better than average	3	Within 5%	6	Worse than average
Comparators	6	Better than average	8	Within 5%	4	Worse than average

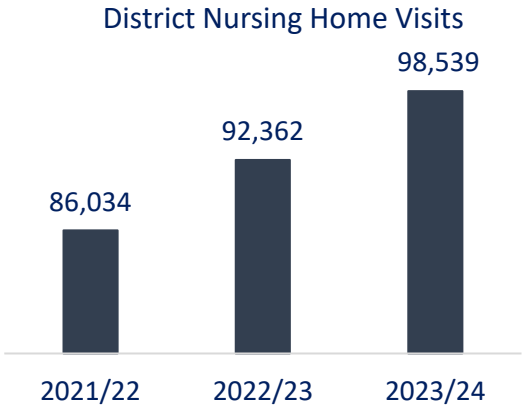
Strategic Theme 1 - Prevention, early intervention & harm reduction

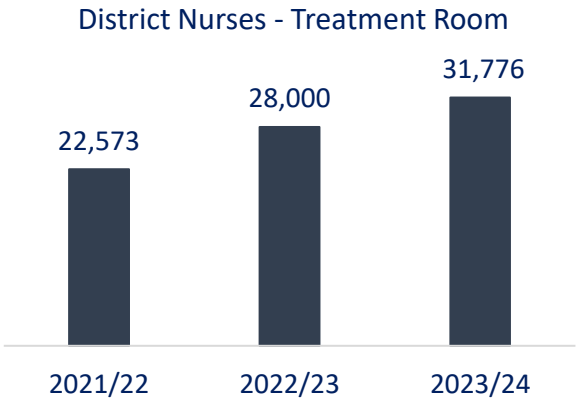
Prevention, early intervention, and harm reduction is focused on working with partners and communities to improve overall health & wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on people's health and in turn health and social care services. Early intervention and harm reduction is about getting the right levels of support and advice at the right time, maintaining independence, and improving access to services at times of crisis.

There has been a small increase in the rate of emergency admissions per 100,000 population for adults (18+)(NI12) from 13,036 in 2022/23 to 13,127. This is above the Scottish average and the average for our comparator HSCP's.

District Nursing

Many adults and older people can be supported at home, even when unwell, because it is well documented that staying unnecessarily in hospital can be detrimental to a person's ability to be re-abled or rehabilitated which may lead to a loss of function. The community nursing team is available 24 hours a day, 365 days a year, and provides planned and unplanned care and support. From 2022/23 there has been a 6% increase in the number of home visits and a 13.5% increase in the number of treatment room visits.





The rate of emergency bed days per 100,000 population for adults (18+)(NI13) has reduced, by 4%, from 115,181 in 2022/23 to 110,293 in 2023. This is below the Scottish average of 112,883 and is considerably lower than the average of our comparator HSCP's

Delayed discharge bed days (aged 18+) - All Reasons (MSG4a) has increased from 14786 in 2022/23 to 15,624 in 2023/24 and is above the 2015/16 baseline of 10,069.

A delayed discharge is when someone is assessed as ready to go home after being admitted to hospital, however, they are unable to leave because where they are going is not ready. For example, sometimes a person needs social care, or adaptations to their home or they are moving into a care home. How long someone stays in hospital can have a big impact on them, from how they move, their confidence and how they are recovering from or living with a condition. We aim to reduced delayed discharges. Delays in hospital can not only lead to poor outcomes for the person who is delayed, but this can cause hospital beds to be unavailable for someone who needs acute treatment.

The falls rate per 1,000 population (aged 65+)(NI16) has reduced from 23.8 in 2023/24 to 23.6 in 2023/24. This is higher than the Scottish average of 22.7 and the HSCP comparator average of 23.

Preventing Falls

In Scotland, falls are the most common cause of emergency hospital admission for unintentional injuries in adults and can have a major impact on people's health and well-being. From an organisational perspective we know the significant pressures that falls puts on hospital beds, requests for packages of care and community rehabilitation services. In light of these pressures a key objective of Allied Health Professional (AHP) Falls Prevention Lead, who commenced their role in February 2023, was to both improve the accessibility of our services and increase awareness about falls and the many components involved that increase a person's risk of falling. The Community Falls webpage has been redeveloped and Local Falls Awareness Events have been held to help support self-management strategies within the community and encourage people to act earlier to seek the right support at the right time and a Falls Local Community Support leaflet has been developed to provide information on what local support is available to the community in relation to falls prevention Through collaboration with the Scottish Ambulance Service (SAS), we aim to develop a pathway to encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. We will also explore using MECS (Telecare) to attend uninjured fallers and help return them to their feet to improve capacity within the SAS.

Stop Smoking Services

Stop Smoking Advisors provide free treatment and local support in Clackmannanshire and Stirling to stop smoking, usually over a 12 week programme to help you reduce your nicotine dependency.

In 2023/24 161 people achieved a 12 week quit success. This is a reduction from the 233 reported 12 week quits in 2022/23.

Quote from client accessing the Stop Smoking Service
on Care Opinion April 2024

"I was beginning to smoke heavy and I could tell it was harming me when taking my dog a walk. I also have to climb stairs every day and I knew I wasn't fit and put it down to smoking. I picked up a smoking cessation card from a health centre and decided to give it a try. I struggled at first and reduced my smoking to about 5 per day which was brilliant for me but with the encouragement and support from Laura, I managed to stop altogether. Laura was excellent and she kept giving me goals to achieve. I cannot thank her enough".

Priority 1 Mental Health and Wellbeing

Mental health and wellbeing is as important as physical health and wellbeing. There has been significant change as to how we deliver mental health services, there has been a redesign of existing services and developing additional resources to meet increasing demand, and in response to the impact of the COVID-19 pandemic.

Primary care is the first point of contact with the NHS. This includes contact with community based services such as general practitioners (GPs), community nurses, and Allied Health Professionals (AHPs).

The mental health nurse team are now embedded in the majority of GP practices offering weekly appointments across the area. Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

Community Mental Health Teams (CMHTs) support people with severe and enduring mental health in the community. The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

The total number of unplanned bed days (mental health) 18+ financial year (MSG 2c) has continued its downward trend from its baseline of 24,851 in 2015/16 to 17,001 (2023 calendar year). The December 2023 snapshot rate of unplanned bed days (mental health) 18+ per 1,000 was 17.3.

7.8% of mental health emergency readmissions within 28 days (financial year 2023). This is higher than the Scottish average of 6.7%. (NHS FV)

In 2023/24 there were 355 admissions to the Mental Health Unit at Forth Valley Royal Hospital. This is a small increase from 334 in 2022/23 (NHS FV).

In 2023/24 there were 232 referrals to Adult Social Care services for Mental Health Clients. This is a 21% increase from 183 in 22/23.
(Adult Social Services)

In March 2024 the percentage of people who commenced treatment within 18 weeks of referral to Psychological Therapies in Forth Valley was 73.6%. This is below the Target of 90% (PHS) and below the Scottish average of 80.7%.

What is the Mental Health Act?

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have a "mental disorder" - this is defined under the Act and includes any mental illness, personality disorder or learning disability. This includes Emergency Detention Certificates and Compulsory Treatment orders.

Clackmannanshire & Stirling	2018/19	2022/23	2023/24
Number of Emergency Detention Certificates (Mental Health) Section 36	67	62	66
Number of Short Term Detention Certificates (Mental Health) Section 44	124	139	134
Number of Compulsory Treatment Orders (existing)	41	31	45
Number of Compulsory Treatment Orders (new applications)	46	107	90

(Adult Social Services)

What is a Guardianship?

This is a court appointment which authorises a person to act and make decisions on behalf of an adult with incapacity.

Clackmannanshire & Stirling	2018/19	2022/23	2023/24
Total number of Existing Guardianships (private and local authority)	375	473	561

(Adult Social Services)

Anyone with an interest can make an application for a guardianship order. When we refer to an adult, this is someone who is aged over 16 who is not able to look after their own affairs.

The NHS and Local Authorities have a statutory responsibility to provide access to independent advocacy for specific groups of people. These include people with a learning disability, mental health disorder (including young people under 16) an acquired brain injury, physical disability or life-limiting illnessfrail and elderly, young people in transition to Adult Social Care services, offenders within the Forth Valley prison estate who are subject to the Mental Health Act.

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Forth Valley Advocacy (FVA) is the current provider of independent advocacy across Forth Valley (including the Clackmannanshire and Stirling & Falkirk Health and Social Care Partnership, and NHS Forth Valley). In 2023-2024, FVA provided advocacy support to approximately 760 individuals, with the majority eligible under the Mental Health Act.

Mental Health Money and Benefits Advice Project facilitated by Citizens Advice Bureau ran throughout 2023-24 for people experiencing poor mental health. This is a collaborative project with Mental Health services, Citizens Advice Bureau and The Robertson Trust. The project has gathered positive feedback and people feel more positive about the future.

Key actions for 2024-25

- A Joint Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership is currently in progress and is due for completion in November 2024.
- A consultation and engagement programme to inform the development of the Mental Health and Wellbeing Strategic Commissioning Plan.

Priority 2 Drug and alcohol care and support

The Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) is responsible for the planning of local support services in partnership with Clackmannanshire and Stirling Councils, NHS Forth Valley, Police, Fire, and Third Sector colleagues.

Commissioning

The ADP Commissioning Consortium has considered lived and living experience and performance data to develop recommendations for the modernisation of our system of treatment and care. In November 2023 the IJB agreed proposals for future third sector contracted delivery of specialist substance use treatment aligned to MAT Standards*. We have also agreed the recontracting of family support aligned to the Whole Family Approach Framework and whole system strategic drivers including The Promise and Children's Services Plans.

Lived Experience and Human Rights

We have established our ADP Lived Experience Advisory Panel (LEAP) to facilitate lived and living experience input to ADP Strategic Planning. The group has already contributed critical feedback to ADP planning. We have also worked with REACH Advocacy to deliver Human Rights training and workshops to people connected to our system of care and at HSCP strategic planning level. Our involvement of lived and living experience continues through our work to implement the MAT Standards*.

MAT Standards and Harm Reduction

MAT Standards* implementation has been key to ADP work, supported by Public Health Scotland. Progress continues to be made to implementing these new standards for drug and alcohol treatment systems, through collaborative working across the whole system. Work continues to gather and share performance data to reflect progress, and collaborative discussion continues to ensure progress can be sustainably maintained. Our Primary Care Facilitation Team has been meeting to develop sustainable approaches within Primary Care and low intensity settings. ADP has also supported the development of a Clackmannanshire Council Naloxone policy and wider learning from drug and alcohol harms in partnership with Public Health.

The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.

As of 31st March 2024 82.5% NHS Forth Valley referrals waited no longer than three weeks whilst the Scottish average is 91.9%. *Public Health Scotland*

Waiting times data is currently available from two sources. DAISy, local data which is gathered and reported to Public Health Scotland who use this data to form their online dashboard. The Public Health Scotland published data shows different levels of compliance than our own local data. Generally, data for Clackmannanshire and Stirling shows higher rates of compliance than the Forth Valley wide figures that are published nationally.

There has been no national publication of Alcohol Brief Intervention delivery data since 2020, and local recording is still being examined for validity. This is not being reporting on locally or nationally but it remains a national target.

*MAT Standards are Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care. For more detailed information about MAT Standards please see the Scottish Government web page Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot (www.gov.scot)

Forth Valley Recovery Community

Recovery cafés and Recovery Drop-ins (mini cafés) provide support seven days per week.

Locations in Clackmannanshire and Stirling

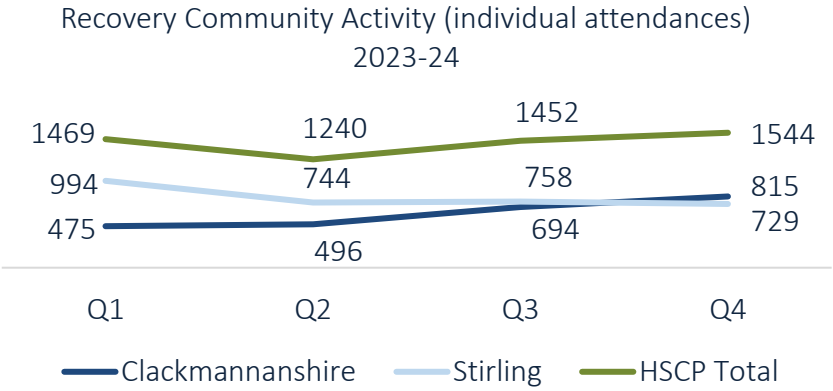
- Recovery café in The Gate at Alloa.
- Recovery drop-in, in Alva at The Baptist Church.
- Recovery café in Stirling at The Mayfield Centre.
- Women's mini -cafe in Stirling at Kildean Business and Enterprise Hub.
- Recovery drop-in, Stirling at Kildean Business and Enterprise Hub.

Peer Support sessions run at the following locations:

- The FV Royal Hospital in Larbert
- The SMS clinics

Recovery Ramble walks and Recovery in the Wild events continued to be popular activities which contributed to improving the physical and mental wellbeing of community members. Employment, training and education and self development along with various other activities and events were are also held.

Find out more information at Forth Valley Recovery Community website.



The Recovery Community Activity data is gathered from commissioning and contract review processes and reflects the number of individual attendances in each area. The average weekly number of attendances has increased from 104 in 2022/23 to 112 in 2023/24.

Key actions for 2024-25

- Continue work with national and local partners to develop proposals for tier two recovery support aligned to relevant strategic drivers and lived experience requirements.
- Commission Harm Reduction Outreach approach drawing on local knowledge and experience.
- Continue support for Lived Experience Advisory Panel (LEAP)
- Refine planning and consider sustainability arrangements for lived and living experience reflection on service delivery
- Align ADP support for prevention messaging to Health Improvement planning and delivery.
- Facilitate whole system coordination for substance use harm reduction activity

Strategic Theme 2 - Independent living through choice and control

This Strategic Theme focuses on how the HSCP supports people and carers to actively participate in making informed decisions about how they live their lives and meet agreed outcomes. Services are focussed around helping people identify what is important to them to live full and positive lives and make decisions that are right for them.

Percentage of adults with intensive care needs receiving care at home (NI18)(has increased from 69.3% in 2022/23 to 70.4% for calendar year 2023 which is above the Scottish average of 64.5% and our comparators average of 64.8%.

Percentage of adults supported at home who agreed that they are supported to live as independently as possible (NI2) has decreased from 72.5% to 67.2%. This is below the Scottish average of 72.4% and below our comparators average of 71.9%

Priority 3 Self-Directed Support information and advice promoted across all communities

Self-Directed Support that supports people's rights to provide choice, dignity and being able to take part in the life of their communities. As part of our response to the Self Directed Support Act, we are developing, in partnership with staff and supported people, a new Self Directed Support Policy which is outcomes focused and will be rolled to all staff working across Clackmannanshire and Stirling.

As at 31st March	2019/20	2020/21	2021/22	2022/23	2023/24
Option 1	56	59	67	89	94
Option 2	56	60	69	92	93
Option 3	4273	4389	4152	3888	4579
Option 4	133	95	109	130	169
All SDS options	4518	4603	4397	4199	4935
Change year on year		2%	-4%	-5%	18%

(Adult Social Services)

The total number of people eligible for support has increased by 18% from 4199 in 2022/23 to 4935 in 2023/24. The majority of people (92.8%) continue to choose support arranged by their local council (Option 3).

With the development of the new SDS approach, we will develop indicators around the new process. Key areas we are keen to develop will allow analysis of the asset based approach, recording to what extent people feel their outcomes have been met. It is also a priority to gather service delivery information on the number of people receiving the right advice and support at the right time, with robust recording of the number of people being signposted successfully, number of people with budget and support plans, reviews and understanding the experiences of people to improve and develop our process. We also aim to understand what is important for people and understand any barriers to accessing chosen SDS options to continue to modernise our local service delivery.

When a person has been assessed as eligible for support there is a duty to offer four choices in relation to how support will be facilitated. There should be no default option under Self-directed Support.

All of the four options are equally valid. What is important is that each supported person is informed of the four Self-directed Support options and are able to select the option that is right for them. The four options as follows:

Option 1 – Direct Payments This is the option that gives you the most control, flexibility and responsibility when it comes to your social care support.

Option 2 – Individual Budgets This is the option where you choose how you want to be supported and then the support is arranged on your behalf. You direct the support, but you do not have to manage the money.

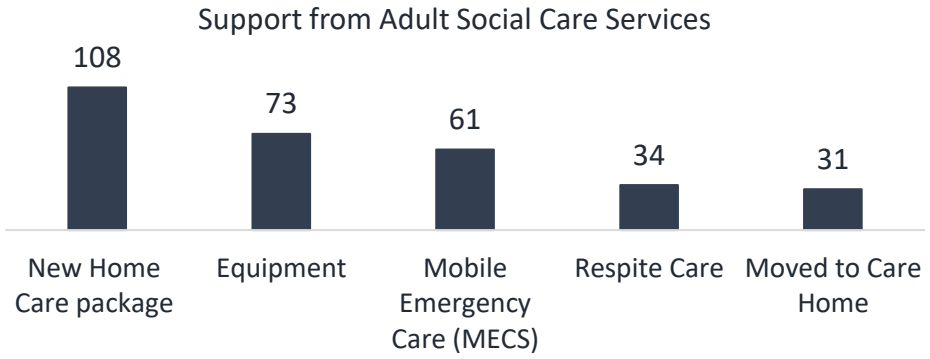
Option 3 – Arranged Support This is the option where you ask your local council to choose and arrange the support that it thinks is right for you. You are not responsible for arranging the support, and you have less direct choice and control over how the support is arranged.

Option 4 (mixture of options 1, 2 and 3) This is where you choose the parts of your support you want to have direct control over, and what you want to leave to your council to sort out for you.

Priority 4 Support those affected by dementia at all stages of their journey

We aim to support people living with dementia to live well within their own communities following their diagnosis as well as reducing the amount of time people with dementia spend unnecessarily in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with dementia, their family, carers and wider support networks.

In 2023/24 there were 192 new referrals to Health and Social Care Partnership adult social work for people with a Dementia diagnosis. Some individuals go on to receive one or more services from adult social work services. There a number of third sector organisations commissioned to support people with dementia and their carers in relation to post-diagnostic support with 456 people being supported at the end of March 2024.



(Adult Social Services)

Data from all services delivering post-diagnostic support is a current area for improvement. Qualitative data would also allow for more of a focus on the outcomes of people accessing these support, which would help highlight any development work which could be beneficial in this area.

Commissioning

The Commissioning Consortium model is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the marketplace based on population needs. The Dementia Commissioning Consortium was convened in February 2024, with the aim of coming together to review commissioned services for dementia, and if the right supports were in place.

Engagement

Engagement to date has taken place through the Commissioning Consortium. Membership includes representation from the third sector, service providers, staff within NHS community mental health, and researchers. While members of the public can be invited, work needs to progress to ensure representation from those with lived and living experience in future. Engagement with lived and living experience will be developed for 2024-2025.

Strategic Theme 3 - Achieving care closer to home

Achieving care closer to home shifts the delivery of care and support from institutional, hospital-led services towards services that support people in their community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the supported person's journey, ensuring people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home. It is also about providing people with good information and supporting our workforce.

In 2023/24 there was small increase in the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (NI19) to 814 from 804 in 2022/23. This is under the Scottish average of 902 and lower than our comparators average of 870.

Percentage of people with positive experience of the care provided by their GP practice (NI6) has increased from 67.3% to 72.3% in 2023/24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

The total percentage of adults receiving any care or support who rated it as excellent or good (NI5) has decreased from 67.8% to 64.8%. This is below the Scottish average of 70% and below our comparators average of 70.5%

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them. It is goal focussed and involves intensive therapeutic work. There is a focus on a person's strengths and abilities and what they can do safely, rather than focus on what they cannot do anymore. Reablement can support people recovering from an illness or accident and may prevent acute hospital admission, delay an admission to long-term care, supports timely discharge from hospital and maximises independent living and can reduce the need for ongoing care.

Reablement	2022/23	2023/24
Number of people receiving reablement support (at 31st March)	222	198
Number of people left reablement in year	363	591
% of people who required reduced or no care after reablement	61%	57%

Planned Care in Place in People's own Homes

At 12th March 2023/24 2,069 people received care and support in their own homes . At the same time 35122 hours of care and support were commissioned from providers.

An average of 66.9 placements start each month and 64.8 end so there has been a slow but steady increase in placements over the last 3 years.

Waiting list for Care and Support

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however there are challenges such as high demand and staff shortages, as seen nationally. This is an important area for the Partnership as we know that behind each of these numbers there is a person and family struggling.

In March 2024, 46 people without care already in place were waiting for care and support . This time last year 77 people were waiting.

Palliative and end of life care

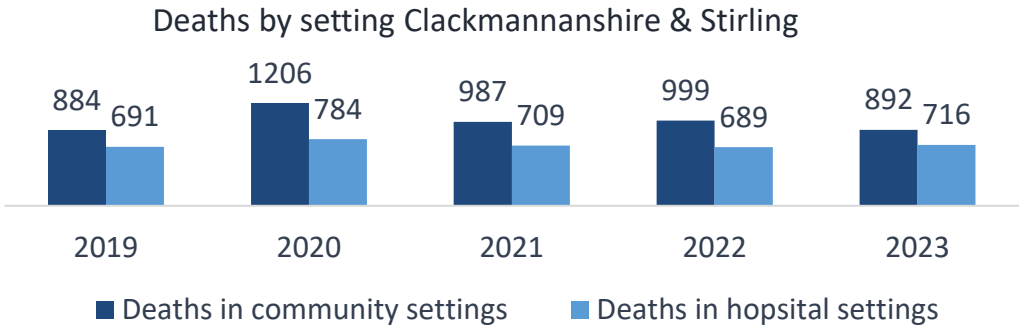
Palliative and end of life care helps improve the quality of life for someone who has a life-limiting illness, by offering services, advice, information, referrals and support. While this can be a challenging time, there are important conversations involved.

Clackmannanshire and Stirling Integration Joint Board, Falkirk Integration Joint Board and NHS Forth Valley have have agreed a joint approach to develop and produce a Strategic Commissioning Plan to commission community palliative and end of life care across Forth Valley. This is a whole system partnership approach to identify need in particular areas of health and care provision, and agreeing how to provide services to meet that need.

A programme of in-person engagement meetings hosted by the Interim Chief Officer and online surveys have been held and will inform the strategic commissioning plan which will be presented to the IJB in 2024-25. One of the key areas of focus is ensuring equality of access to a good death for everyone, including those with issues of substance use.

Engagement meeting hosted by the Interim Chief Officer

Stakeholders involved with the consultation included, people with lived and living experiences, palliative and End of Life care providers and staff, NHS staff working within palliative and end of life care, Locality Planning Group members, Community Councils, Care Homes, Third Sector partners, GP surgeries, Libraries, Service user reps, Health Improvement colleagues. The engagement in Stirling and Clackmannanshire complements the engagement in Falkirk to capture experiences covering the whole of Forth Valley.



Deaths across a range of settings has remained consistent with the majority of people dying in a community setting for the past five years. This is consistent with the national trend. From 2019 to 2023, the percentage of people dying in hospital has ranged from 39% in 2020, to 44.5% in 2023. (NHS FV)

Average number of days spent in hospital in last six months of life			
	Clackmannanshire	Stirling	Scotland
2019/20	22	21	21
2020/21	19	15	18
2021/22	19	19	19
2022/23	20	19	20
Average	20	18.5	19.5

The amount of time spent in the community in the last six months of life has increased slightly in both Clackmannanshire and Stirling residents, reflecting the national trend.

However, people are spending on average 20 days in Clackmannanshire and 18.5 days in Stirling in hospital in the last six months of life, compared to 19.5 in Scotland. (NHS FV)

Priority 5 Good public information across all care and support working

Digital Information

Locality Planning Network - Clackmannanshire

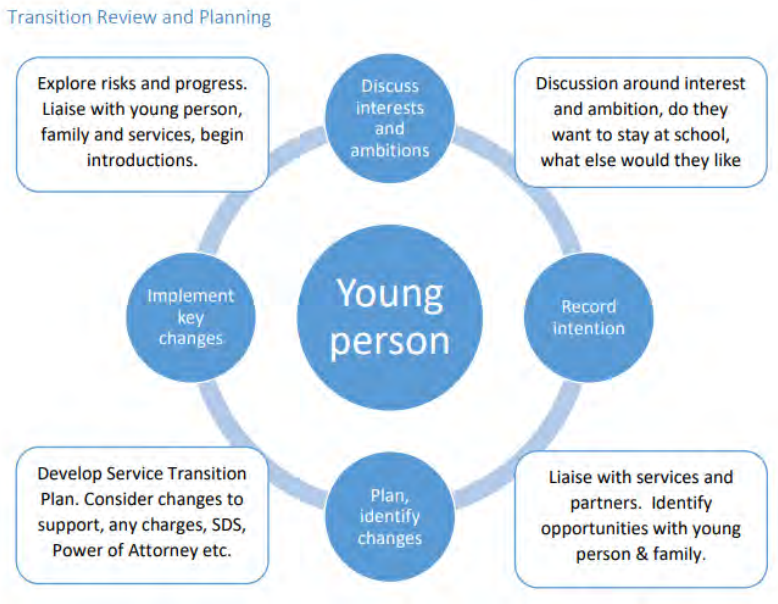
How we access information is quicker and easier, for most people, than ever before. A quick search on the internet and we can order food, supplies, book events and trips, learn something new, and diagnose ourselves.

We know that digital information and support helps a lot of people navigate their conditions, disabilities and illness and can also be a place of support though social media groups for example. But how do people find relevant information for Clackmannanshire and Stirling? This year, we have been planning how we can improve the information out there for people in Clackmannanshire and Stirling, with our third sector interfaces and partners. Over the next year, what we have learned will be developed into better digital support and communication with people.

Transitions for young people with disability into adulthood Policy

The Transitions for young people with disability into adulthood policy was agreed in January 2024. Young people with additional support needs hope for the same things as other young people; to be independent, to have a voice and a social life. It is important that the transition from children's services to adulthood is as seamless as possible.

A young person with additional support needs (ASN) may receive support for their needs throughout their time at school. When a young person is due to leave school and children's Social Work Services, it is essential that the transition is well planned and directed around the wishes of the young person. Engagement with young people, their families and staff found that this is an immensely stressful time. As well as planning and multidisciplinary working, access to good information at their fingertips was key to helping young people and families navigate the transition and life change. A need for a website with details of the process, but also around the changing relationship parents have with their child as they become adults is needed, with guidance on guardianship and changes to benefits to options for education, work and socialising as examples of the information asked for. We are working to develop webpages specifically for young people, their families and carers to support this life stage.


Transition Review and Planning
Explore risks and progress. Liaise with young person, family and services, begin introductions.
Discuss interests and ambitions
Discussion around interest and ambition, do they want to stay at school, what else would they like
Implement key changes
Young person
Record intention
Develop Service Transition Plan. Consider changes to support, any charges, SDS, Power of Attorney etc.
Plan, identify changes
Liaise with services and partners. Identify opportunities with young person & family.

Priority 6 Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. The Integrated Performance Framework sets out the requirement to develop data in order to plan and monitor service delivery. This is a key focus on the Strategic Workforce Plan Implementation Group over 2024 - 25. To this end, our employing organisations are building on our collation and analysis of workforce data to better understand the future needs of our workforce. Human Resource leads are working to harmonise and share data across Health and Social Care Partnership. For example, we now receive monthly reports from each of the employing bodies with an opportunity to look at how we report in an integrated way. This work is underway and it is hoped that we will be in position to begin reporting harmoised data in the near future.

This year we have:

In the last year we have achieved all the actions set out in Year 2 of Integrated Workforce Plan 2022-25. Workforce planning and development is now a standing agenda item at all leadership and management operational meetings across Health and Social Care Partnership. We have worked to better understand gaps in our recruitment and the challenges of recruitment and retention in health and social care. We have worked closely with HR leads in all three employers to understand trends and analysis linked to recruitment and retention of our health and social care workforce.

All partners have been working collaboratively to review and re-design job roles with staff involved; looking at skills, knowledge and competence to deliver roles confidently and safely, while building on the Fair Work Principles. For example, the senior role within Assessment and Locality teams has been approved and evaluated, this has provided career development for staff.

Our employing organisations are also building on our collation and analysis of workforce data to better understand the future needs of our workforce. Human Resource leads are working to harmonise and share data across Health and Social Care Partnership. For example, we now receive monthly reports from each of the employing bodies with an opportunity to look at how we report in an integrated way.

Recruitment

We have recognised the recruitment challenges in mental health clinical and nursing posts and have been actively seeking to recruit and offer peer to peer conversations to encourage applications.

Training

Key workforce planning leads have been undertaking learning around the Health and Care (Staffing) (Scotland) Act 2019. Managers have attended integrated sessions with Care Inspectorate in relation to Health and Care (Staffing) (Scotland) Act 2019 and have been supported to review staffing requirements as part of vacancy management. We have also worked closely with our third and independent sector providers and Care Inspectorate to support providers readiness for implementation.

As well as learning and development opportunities being shared across Health and Social Care Partnership, e-modules are also now routinely shared across the lead agency learning platforms. Work has also taken place to develop learning platform access that third sector services can make use of as well. All Public Protection learning and training is now trauma informed and trauma responsive in its content and delivery.

Engagement

The HSCP Learning and Development Group, supported by Workforce Leads and employing organisations have been overseeing the delivery of the Integrated Workforce Plan; meeting bi-monthly and reporting back to the Extended Senior Leadership Team of Health and Social Care Partnership.

In relation to addressing the continued challenge of recruiting care staff in our rural areas, we have delivered a campaign of local community career fairs which are helping us engage our communities even further as well as working directly with local community activists.

Work with staff around the implementation and operationalisation of policy and programmes such as Self-Directed Support Policy, Right Care Right Time and Transitions to Adult Health and Social Care Services Policy.

Key actions for 2024 - 2025

Planning for the coming year involves looking at career pathways, talent development and succession planning, with design already under way in relation to new Senior Practitioner roles within our Assessment and Partnership teams which will provide clearer routes of progression and development into more senior roles.

We are establishing baseline data in relation to internal mobility rates to monitor the impact of talent development and succession planning although it is too early to evaluate.

- Recruitment Challenges across professions and geographical areas
- Budget limitations given current financial situation – impacts upon resources available
- Balancing meeting the different needs of individuals/teams/areas to provide person-centred support whilst also trying to attain equity and cost and time effective interventions
- Workload and time-constraints of the staff responsible for delivering upon these objectives.

NI17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections has increased from 80.8% in 2022/23 to 84.6% in 2023/24 which is above the Scottish average of 77% and our comparators average of 78.7%.

NI4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated has decreased from 61.7% to 56%. This is below the Scottish average of 61.4% and below our comparators average of 59.8%

Strategic Theme 4 - Supporting empowered people and communities

Working with communities to support and empower people to continue to live healthy, meaningful, and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports. It is also about providing people with good information and supporting our workforce.

Priority 7 Support for Carers

32.8% of carers feel supported to continue their caring role (NI8). This is above the average for Scotland of 31.2% and above the average of 31.9% in our LGBF family. This is an increase from 25.6% in the 2021/22 survey.

Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support and compliment the support already provided by both Carers Centres.

Following a period of consultation and engagement including in person and an online survey we developed a Carer Support Framework (in line with Carers Act requirement for Eligibility Criteria for carers).

Partnership working has strengthened with the establishment of the Carers Planning Group with lived and living experience and partners supporting good health and wellbeing outcomes for carers by working together. By listening to carers across the area, digital approaches to compliment the support provided by the Carers Centres were explored and resulted in the introduction of Mobilise digital supports for Carers. This provides access to virtual meetings, telephone support and a wide range of advice and guidance to support them in their caring role and improve their health and wellbeing.

We have two Carers centres Stirling Carers Centre and Central Carers (who cover Clackmannanshire and Falkirk). They are funded by the Partnership to support carers in their caring roles and also carry out Adult Carer Assessments. The Carers Centre's also offer information and advice for carers aswell as training workers across the Partnership. They also represent the interests of carers in a number of forums.

Whilst the aspiration is to provide every carer with an Adult Carer Support Plan (ACSP), not every carer wishes to complete a plan.

530 new Adult Carers were registered with both Carer's Centres and offered an ACSP with 496 completing a plan. This is a reduction from 540 in 2022/23. As at 31st March 2024 there were 2686 Adult Carers registered with 2365 one to one appointments carried out throughout the year.

In collaboration with the HSCP, Carers Centres and CAB a Welfare Rights Project for Carers facilitated by Citizens Advice Bureau provides support for carers to provide immediate holistic person centered advice, information and representation to Unpaid carers & support to colleagues working with unpaid carers and where necessary, refer and support clients to access appropriate advice agencies.

496 Adult Carer Support Plans for carers were completed in 2023/24

Key actions for 2024-25

- Providing good information and support to carers around Self-Directed Support with Forth Valley SDS.
- Celebration of Carers event to be held showcasing services supporting carers within the HSCP area.
- Launch and publication of Carers Support Pack, providing current information on community groups and organisations supporting carers and supported people throughout Clackmannanshire and Stirling. In response to requests for a local support pack and developed in collaboration.
- The Short Breaks Bureau will be a hub for information and support to carers for access to short breaks and respite.

Priority 8 Early intervention linking people with third sector and community supports

Community Connectors & Social Prescribing

The main aim of the Community Link Worker Project is to support activities that provide a person-centred and human rights approach utilising social prescribing, an important self-management tool, enabling people to continue to live in their community, independently, safely and well. It widens choice and control through signposting to third sector organisations and statutory agencies. The CLWs promote the understanding of and access to self-directed support. It has been recognised that CLWs are more than social prescribers, providing one-to-one support to enable people to gain confidence to access local activities. The CLW programme was developed through partnership collaboration. CTSI and SVE, the Third Sector Interfaces (TSIs) in each of their respective local authority areas, are the employing organisations and the lead partners in the project, providing the necessary resources, training, and supervision to ensure effective service delivery and professional development for the CLWs.

New Referrals	Reason for referral to CLW	Onward referrals
248 Stirling 142 Clacks 106	Social prescribing 94 Financial problems 60 Social isolation 50 Housing 38 Physical disability 27 Carer support 26 Stress 18	Financial support 74 Mental health support 50 Housing 30 Community groups 29 Self-help 19
Total Encounters	**Duration of encounter/ appointment**	**Onward referrals to other services**
1238 Stirling 727 Clacks 511	0 – 30 minutes 455 30 – 60 minutes 233 60 – 90 minutes 105 90 – 120 minutes 57 120 + minutes 46	CAB Stirling Council on Disability Wellness exercises HSTAR Mental Health Nurse Scottish Autism Reachout with Arts in Mind Stirling Council Inspiring Communities

CTSI Clackmannanshire Third Sector Interface

SVE Stirlingshire Voluntary Enterprise

Priority 9 Develop locally based multiagency working across communities

Localities

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to identify Localities for the planning and delivery of services at a local level. Working in Localities supports collaborative working across primary and secondary health care, social care and with third and independent sector provision. Communities are empowered to co-design service provision within their local areas within the Locality Planning Networks and their Locality Action Plans. There are three localities with the Health and Social Care Partnership area Clackmannanshire, Rural Stirling and Urban Stirling.

Locality Planning Networks (LPNs)

The three LPNs have set priorities and actions establishing community priorities for each Locality area, these have been aligned with the Strategic Commissioning Plan. The Locality Planning Networks work collaboratively to co-design and co-deliver services, oversee delivery of the priorities and activities within these communities to meet the outcomes of individuals.

Locality Planning Network Priorities

Clackmannanshire	Rural Stirling	Urban Stirling
Issues of alcohol and drug use across Clackmannanshire.	Better understanding of services and increased knowledge linked to access to services across rural Stirling.	Clear shared communication on the clarity of roles across community health and care services.
Supporting and promoting Mental Health and Wellbeing.	Access to care closer to home.	Supporting Mental Health and Wellbeing.
Addressing Health Inequalities.	Scope support available to develop caring and connected communities and supporting recruitment opportunities in health and social care.	Identifying Social Enterprise opportunities based around our communities.
Clear shared communication on roles across community health and care services to be shared across communities.	Supporting people with dementia within our communities supporting capacity and need.	Supporting people with dementia within our communities supporting capacity and need.

Over 2023-24 we have moved to in-person event held in communities and have focussed on themes specific to the area. The events are useful forums for learning more about developments within the HSCP, linking with community organisations and groups and for collaborative problem solving. The Locality Planning Networks are an opportunity to engage with communities and is open to members of the public, people working in our localities, health and social care professionals and people managing services within the area. Each LPN has an independent Chair responsible for engaging with communities and discussion and providing leadership for local planning of informal service provision.

2024 Programme of Locality Planning Networks

Clackmannanshire	Rural Stirling	Urban Stirling
Health Improvement Alloa	Health Improvement Gartmore	Health Improvement Raploch
Caring in Clackmannanshire Alloa	Caring in rural Stirling Balfron	Caring in urban Stirling Bridge of Allan
Accessing Service - Bowmar Centre Alloa	Accessing Services Crianlarich	Accessing Services Cambusbarron
Mental Health Tillicoultry	Caring, Connected Communities Doune	Mental Health Braehead
Alcohol & Drugs Sauchie	Dementia Callander	Dementia Bannockburn

Localities continue to be an integral part of the engagement around developing and delivering the Strategic Commissioning Plan, contributing to the response to system pressures and desired outcomes of communities. They feed directly into the Strategic Planning Group and have clear influence. The priorities identified and agreed by the communities highlight the level of engagement and commitment to the Locality Planning Networks and the communities they represent.

In 2024-25, the Locality Planning Networks are working closely with operational Locality Working Groups, involving GP locality coordinators, community health and social care locality managers, health improvement locality leads and third sector interfaces to shape service delivery within the localities. There has also been a commitment in 2024 - 2025 to allocate a budget for each locality to support local organisations and groups to support building capacity and resilience within our communities.

Priority 10 Ethical Commissioning

Clackmannanshire and Stirling Health and Social Care Partnership has developed a collaborative approach to understand, plan and commission local services and care & support. The Commissioning Consortium is the basis for co-production form of service design with meetings involving supported people and their representatives, current third & independent sector providers, future providers and internal services. The aim is to create, develop, maintain and grow high quality service delivery. In the past year, there has been a focus on carers' support (Strategic theme 4), alcohol & drug partnership funding priorities (Strategic theme 1) , dementia support (Strategic theme 2) and palliative & end of life care support (Strategic theme 3) with a new programme focused on mental health and well-being underway.

This approach relies on a partnership with the third and independent sector, people with lived experience, carers and their representatives as well as Health and Social Care Partnership delivered services. There is a focus on ethical commissioning, of choice & control and the principles of Human Rights-Based, to ensure we are future proofing the commissioning model to comply with current and future policy direction. The approach creates the conditions for open discussions around the right care at the right time whilst ensuring the budgets are managed effectively i.e. services are needs led but resource bound - creating a discussion with partners and supported people focused on best use of available financial spend, rather than cost pressures within the system.

The health and social care marketplace in Clackmannanshire and Stirling represents a mixed economy approach to service delivery, bringing together differing elements of service delivery and agreed shared outcomes for people. Within this landscape, the Health and Social Care Partnership and Third Sector Interfaces provide leadership and support both in service planning and mapping; and in ensuring service quality compliance within an agreed standard of quality assurance of services.

The Commissioning Consortiums have agreed shared principles of partnership working:

- To have an interest in, support, and promote the Consortium approach and its development across the whole system.
- Provide high quality, innovative services in collaboration with others and towards the delivery of the National Health and Social Care Outcomes.
- Have clear health and social care objectives whether delivering universal or specialist services.
- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within Clackmannanshire and Stirling; with existing providers being asked to demonstrate their track record of providing high quality and robust care and support in the area.

For the Health and Social Care Partnership and Third Sector Interface there is a commitment to:

- Encourage all sector representatives to participate in the Consortium.
- Offer access to commissioning opportunities across all sectors and networking opportunities and shared learning with stakeholders across all sectors.
- Collective approaches to service planning, inspection preparation, performance management and demonstrating outcomes for people and communities.
- Support to facilitate the development of skills and capacity of organisations to operate in a complex commissioning and tendering environment.

Therefore the principles of the consortia approach ensure, in equal measure, a commitment to involvement and participation for those in receipt of care and support as well as a commitment to Best Value and resource efficiency across the whole system.

Impact of the Commissioning Consortium approach

A key success factor for the Commissioning Consortium has been the ability to communicate the principles across the sector by targeting the right partners

and stakeholders; explaining the ethical commissioning model approach; what it will mean for providers and people with lived experience; and finally how each can play a part in planning and commissioning the right care and support.

We have recognised that the approach is resource and time intensive to deliver, with officers offering safe spaces for discussions with all external stakeholders and internal providers, with the models of care which have been developed are more robust, person centred and economically viable. As well as more focused on outcomes for people and their carers.

The process of the commissioning consortium meetings has ensured all partners and stakeholders to be at same place when making commissioning recommendations to the Integration Joint Board, the IJB is committed to the approach as it provides detailed and robust feedback from supported people, providers, Health and Social Care Partnership staff and communities about the type and level of service required. There have been more positive and mature relationships created with internal and external commissioned services as well as a clarity of the role of the Third Sector Interfaces as key delivery partners of Consortium.

Feedback from providers has been mostly positive around openness of commissioning conversations and the opportunities to be flexible in their offering; feeling more able to participate meaningfully in planning and commissioning conversations.

Feedback from supported people and their carers has been really positive, individuals feeling that can influence the model of care, create flexibility in system, ensure they have choice & control as well as an ongoing commitment to the delivery of Human Rights-Based Approach across all services.

There has already been interest from Scottish Government colleagues as this approach aligns to current policy directives linked to human rights legislation as well as from IJB Chief Officers Network nationally.

The Commissioning Consortium across Clackmannanshire and Stirling is demonstrating the strength in relationships between Health and Social Care Partnership, third sector and independent sector providers to ensure care and support can continue to be delivered with those receiving care and their carers as key influencers and partners in the planning and commissioning of services.

Financial, Best Value Governance and Risk

Annual Financial Statement

The Integration Joint Board will continue to use the funding available to the partnership to improve services for people and pursue our Strategic Commissioning Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Commissioning Plan priorities and key performance indicators will continue to improve and evolve.

Financial Performance

The funding available to support delivery of the Strategic Commissioning Plan comes from Clackmannanshire and Stirling Councils and NHS Forth Valley and funding from Scottish Government.

This forms the Integrated Budget and the Set Aside budget for LargeHospital Services. The IJB then directs partners to deliver and/or commission services on its behalf.

For the financial year ended 31 March 2024 the IJB had an overspend on the Integrated Budget of £2.616m. This was met from the IJBs reserves reducing the financial flexibility to meet unexpected costs in future years.

£272.6m total IJB Strategic Plan Budget 2023/24

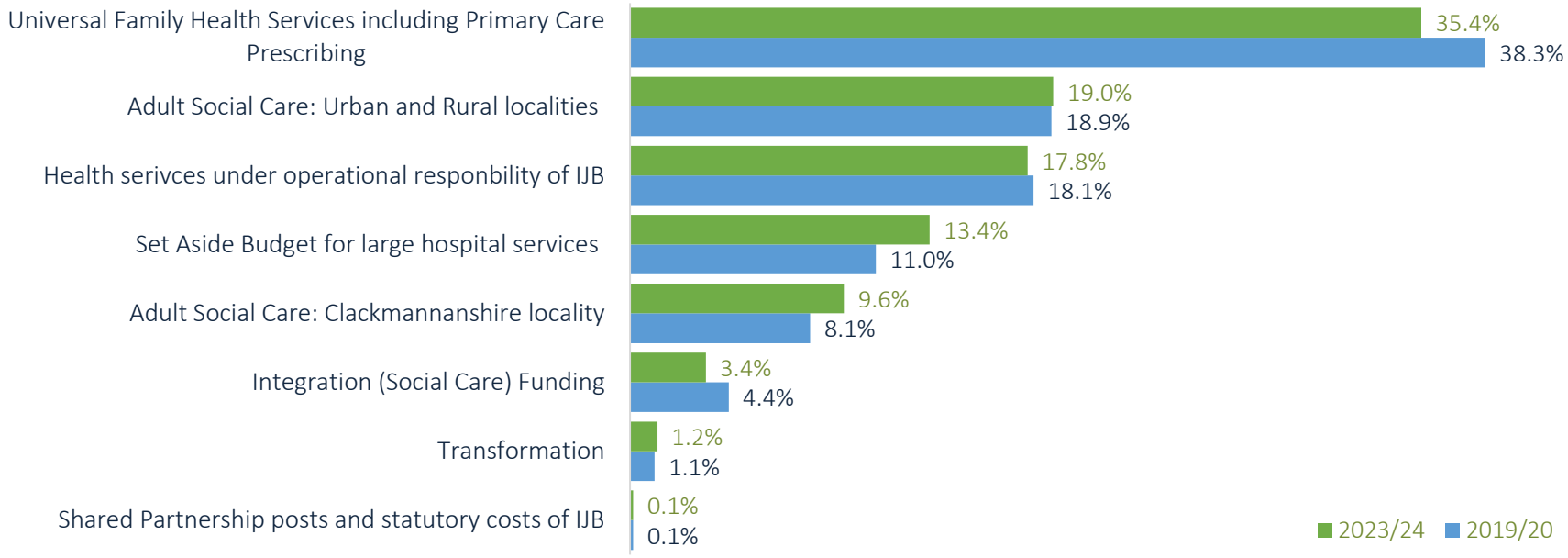
£2.616m overspend met from Reserves

The expenditure of the IJB for 2023/24 and the previous 5 years is summarised in the table and graph below. As the IJBs spend profile changes over a number of years we will continue to illustrate the effect of this graphically to provide evidence of alignment with strategic priorities and outcomes – this will be an evolutionary process over time. These figures are subject to statutory audit, and it may be useful to read the content of the IJBs Annual Accounts alongside this report. The IJBs Annual Accounts are published here: Clackmannanshire and Stirling HSCP – Finance (clacksandstirlinghscp.org)

Clackmannanshire & Stirling Health and Social Care Partnership budget by Service Area

	2019/20	2020/21	2021/22	2022/23	2023/24
Service area	£000	£000	£000	£000	£000
Set Aside Budget for large hospital services	22,007	23,588	24,736	31,513	36,595
Adult Social Care: Clackmannanshire locality	16,129	17,266	21,583	25,092	26,131
Adult Social Care: Urban and Rural localities	37,736	36,804	42,447	48,652	51,678
Health services under operational responsibility of IJB	36,129	37,774	39,774	43,685	48,544
Universal Family Health Services including Primary Care Prescribing	76,594	82,090	83,691	90,720	96,632
Integration (Social Care) Funding	8,838	23,072	13,168	10,148	9,287
Shared Partnership posts and statutory costs of IJB	284	300	317	375	391
Transformation	2,202	2,454	2,521	2,728	3,359
Total expenditure	199,919	223,349	228,237	252,914	272,618

Clackmannanshire & Stirling Health and Social Care Partnership budget by service area as % of total spend



Best Value, Governance & Risk

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing Outcomes set by the Scottish Government. Put in a more simple way, the Board identify our priorities and plan how we will deliver our services, improve outcomes for people and support people to live independent lives with the care and support they need.
The governance framework are the rules, policies and procedures that ensure the IJB is accountable, transparent and carried out with integrity. The IJB had legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling.

The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance a key element of demonstrating Best Value.

Strategic Plan Priorities Delivery and Transforming Care
Better Outcomes for People & Best Value
Effective Utilisation of Resources & Financial Sustainability
Progress Against Key Performance Indicators

We monitor Best Value through:

- The Performance Management Framework and performance reports
- Development and approval of the Annual Revenue Budget
- Development of and reporting on the Transforming Care Programme
- Regular Financial reports
- Regular reporting on Strategic Improvement Plan
- Topic specific progress reporting e.g. Primary Care Improvement Plan
- Reporting on Strategic Plan Priorities to the IJB and topic specific reports.
- Best Value Statement

The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The IJB is supported by two committees – Audit and Risk Committee and Finance and Performance Committee which report to the IJB through committee chairs who are voting members of the IJB. The terms of reference of the committees are reviewed periodically.

Appendix 1 - Functions delegated to Clackmannanshire and Stirling IJB

Clackmannanshire and Stirling Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care. We have strong relationships with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

Last year significant progress in our integration was made with the delegation of Primary Care, Mental Health and Health Improvement Services into the Health and Social Care Partnership. Here are the services that fall under the management of the Health and Social Care Partnership.

NHS services delegated to HSCP

- Primary Care (as of April 2023)
- Mental Health (as of April 2023)
- Health Improvement (as of April 2023)
- District Nursing
- Substance use services
- Allied Health Professional services in outpatient clinics/out of hospital
- Public dental services/Primary medical services including out of hours, general dental, Ophthalmic & Pharmaceutical services
- Geriatric medicine and palliative care outwith hospital settings
- Community Mental Health & Learning Disability services
- Continence and kidney dialysis outwith hospital

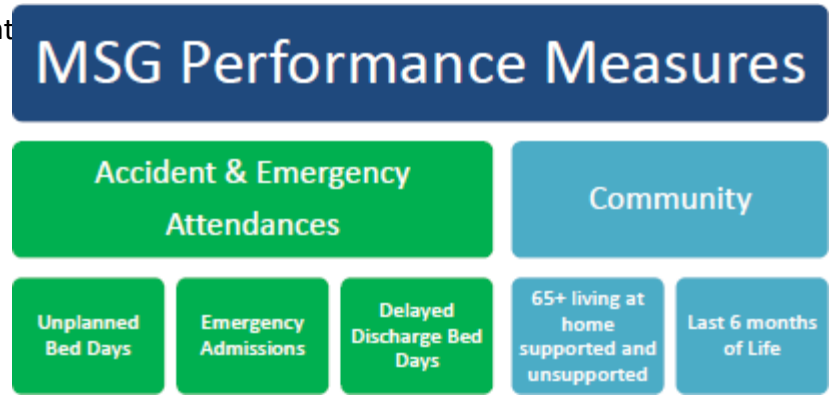
Clackmannanshire and Stirling Council services delegated to HSCP

- Social work services for adults aged 16+
- Services and support for adults with physical disabilities
- Services and support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult Protection
- Carers support services
- Community Care Assessment Teams
- Support services
- Care home services
- Adult Placement services
- Aspects of housing support and assistance including aids and adaptations
- Day services
- Respite provision
- Occupational therapy, equipment and telecare

Appendix 2 – Ministerial Strategic Group (MSG) Indicators

To support the delivery of the National Priorities Partnerships we completed a self-assessment and improvement action plan as well as agreeing local targets for key areas. Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).

The MSG information covers a range of activities under the umbrella of 'unscheduled care'. These activities support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care. Unscheduled care is a core element of the health and social care system and as such, our services need to be responsive to need whilst being transformative in that contact with patients is shifted from reactive to proactive planned engagement, and from hospital settings to the community where appropriate.



Ref	Indicator	Strategic Theme	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Desired trend or target
MSG1a	Number of emergency admissions (all ages)	For Info only	13,688	16,704	14,247	16,385	16,447	16,674	↓
	% change from previous year			22.0%	-14.7%	15.0%	0.4%	1.4%	
	Number of emergency admissions (aged 18+)	ST1	11,700	14,573	12,638	13,941	14,205	14,582	↓ 5% decrease from 2015/16 to 10,584
	% change from previous year		-0.5%	24.6%	-13.3%	10.3%	1.9%	2.7%	
MSG2a	Number of unscheduled hospital bed days (all ages); acute specialties	For Info only	96,213	103,004	85,703	98,922	109,497	104,253	↓
	% change from previous year		-	7.1%	-16.8%	15.4%	10.7%	-4.8%	
	Number of unscheduled hospital bed days (aged 18+); acute specialties	ST1	93,050	100,090	83,743	96,412	106,732	101,143	↓ 5% decrease from 2015/16 to 88,804
	% change from previous year		3.3%	7.6%	-16.3%	15.1%	10.7%	-5.2%	
MSG2c	Number of unscheduled hospital bed days (all ages); mental health specialties	For Info only	27,582	24,177	23,648	22,286	22,198	*17,463**	↓
	% change from previous year		-	-12.3%	-2.2%	-5.8%	-0.4%	-21.3%	
	Number of unscheduled hospital bed days (aged 18+); mental health specialties	ST1	26,750	23,637	23,059	22,055	21,950	*17,001**	↓ 18% decrease from 2015/16 to 20,378
	% change from previous year		**3.7%**	**-11.6%**	**-2.4%**	**-4.4%**	**-0.5%**	**-23.4%**	

Ref	Indicator	Strategic Theme	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Desired trend or target
MSG3a	A&E attendances (all ages) - patients from all areas	For Info only	38,557	40,552	28,388	36,805	36,430	32,769	↓
	% change from previous year		-	5.2%	-30.0%	29.6%	-1.0%	-10.0%	
	A&E attendances (aged 18+) - Patients from all areas	ST1	30,284	32,040	23,092	28,512	28,398	26,053	↓ Maintain 2015/16 baseline of 26,585
	% change from previous year		7.1%	5.8%	-27.9%	23.5%	-0.4%	-8.3%	
MSG4a	Delayed discharge bed days (aged 18+) - All Reasons	ST1	11,016	12,630	9,355	13,518	14,786	*15,624*	↓ Maintain 2015/16 baseline of 10,069
	% change from previous year		36.8%	14.7%	-25.9%	44.5%	9.4%	5.7%	
MSG4b	Delayed discharge bed days (aged 18+) - Code 9	For Info only	2,942	2,540	3,482	2,608	5,446	*6,963*	↓
	% change from previous year			-13.7%	37.1%	-25.1%	108.8%	27.9%	
MSG5a	Percentage of last 6 months of life spent in community (all ages)	ST3	87.8%	88.2%	91.0%	89.6%	89.3%	89.2%	↑ 4.1% increase from 2015/16 baseline to 90%
	% change from previous year		0.9%	0.4%	2.8%	-1.4%	-0.3%	-0.1%	
MSG6	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (supported)	For Info only	5.2%	4.9%	4.9%	4.4%	4.7%	Not available	↑
	Scotland		4.7%	4.5%	4.5%	4.2%	4.3%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (unsupported)	For Info only	91.7%	92.0%	92.5%	92.9%	92.1%	Not available	↑
	Scotland		91.3%	91.6%	91.9%	92.3%	92.0%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (Supported and unsupported)	ST3	96.9%	96.9%	97.4%	97.3%	96.8%	Not available	↑ 0.1% increase from 2015/16 baseline to 96.6

MSG1, 2a, 3a, 3b, 4a, 4b, 4c 4d Updated to Mar 24 on 28-6-24 from v1.67 (SMR01a)
*MSG2c 2023 Calendar year used as a proxy for 23/24
MSG5a Death records, NRS; SMR01 & SMR04, Public Health Scotland from v1.67
MSG6 SMR01, SMR04, Care Home Census, Source Social Care data - Public Health Scotland; Social Care Census, SG; Population estimates, NRS From v1.67
Completeness issues: SMR01 records submitted by NHS Forth valley are 99% for 2023/24. Data SMR4 is 75% which means that some figures are likely to change. Where there are completeness issues this has been noted and the figure is highlighted in red italics.
MSG report advises this data should not be published for peer partnership/Scotland comparison.

Appendix 3 - National Core Indicators

The national core indicators are a requirement of the Annual Performance Report. Sourced from the latest release of the Core Suite of Integration Indicators published on 2nd July 2024.

Desired Trend ↑ increase ↓decrease						
Performance		Improving performance		Static		Declining performance
Benchmarking		Better than average		Within 5%		Worse than average

	Ref	Indicator	Strategic Theme	2015/16	2017/18	2019/20	2021/22	2023/24	Desired trend	Scottish average	Comparator Average
Outcome Indicators	NI1	Percentage of adults able to look after their health very well or quite well.	ST2	94.60%	93.60%	93.60%	91.70%	90.80%	↑	90.70%	91.80%
	NI2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	ST2	81.70%	81.90%	76.10%	72.50%	67.20%	↑	72.40%	71.90%
	NI3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	ST2	76.40%	73.50%	74.40%	64.30%	57.90%	↑	59.60%	63.70%
	NI4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	ST3	72.90%	76.50%	68.80%	61.70%	56%	↑	61.40%	59.80%
	NI5	Total % of adults receiving any care or support who rated it as excellent or good.	ST3	77.60%	77.60%	75.20%	67.80%	64.80%	↑	70%	70.50%
	NI6	Percentage of people with positive experience of the care provided by their GP practice.	ST3	86.70%	86.60%	78.80%	67.30%	72.30%	↑	68.50%	71.30%
	NI7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	ST3	77.10%	79.40%	79.10%	79.20%	66.10%	↑	69.80%	69.50%
	NI8	Total combined % carers who feel supported to continue in their caring role.	ST4	32.40%	38.30%	29.70%	25.60%	32.80%	↑	31.20%	31.90%
	NI9	Percentage of adults supported at home who agreed they felt safe.	ST3	81.60%	86.00%	83.50%	75.30%	66.80%	↑	72.70%	71.40%

The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government (latest 2023/24). Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot

	Ref	Indicator	Strategic Theme	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Desired trend	Scottish average	Comparator Average
Data Indicators	NI11	Premature mortality rate per 100,000 persons by Calendar Year	ST1	379	371	429	459	440	407	Not available	↓	442	394
	NI12	Emergency admission rate (per 100,000 population)	ST1	10,323	10,451	13,206	11,772	12,827	13,036	13,127	↓	11,707	12,327
	NI13	Rate of emergency bed day per 100,000 population for adults (18+).	ST1	113,000	113,435	109,221	96,473	106,781	115,181	110,293	↓	112,883	114,651
	NI14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	ST1	104	105	130	153	130	126	122	↓	104	113
	NI15	Proportion of last 6 months of life spent at home or in a community setting	ST3	87.0%	87.8%	88.2%	91.0%	89.6%	89.3%	89.2%	↑	89.1%	89.4%
	NI16	Falls rate per 1,000 population aged 65+	ST1	19.7	20.8	23.5	20.2	23.6	23.8	23.6	↓	22.7	23.0
	NI17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	ST3	96.2%	93.4%	91.0%	91.1%	87.0%	80.8%	84.6%	↑	77.0%	78.7%
	NI18	Percentage of adults with intensive care needs receiving care at home	ST2	66.7%	66.7%	69.8%	69.2%	71.2%	69.3%	70.4%	↑	64.8%	64.5%
	NI19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	ST3	503	579	665	448	743	804	814	↓	902	870
	NI20	% of health and care resource spent on hospital stays where the patient was admitted in an emergency.	NA	22.7%	23.7%	23.0%							

Data for indicators 12, 13, 14, 15, 16 and 18 are reported for the calendar year 2023 as a proxy for 2023/24 as data for the full financial year is incomplete at this time. Data for indicator 11 to calendar year 2023 is not currently available. Data is derived from various organisational/system datasets.

Appendix 4 - Inspection of Services

Registered services owned by the Partnership are inspected annually by the Care Inspectorate. There were four registered service inspections during 2023/24. Additional information and full details on inspections can be found at the Care Inspectorate website. Since 1 April 2018, the new Health and Social Care Standards have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people. Where we have areas for improvement we are required to publish our action plans.

Inspection Summary

Registered Service	Date Inspection Completed	How well do we support people's wellbeing?	How good is our leadership?	How good isour staff team?	How good is our setting?	How well is our care and support planned?	Recommend ations	Requirements	Areas for improvement
Menstrie House	25/05/2023	Good	Very good	Very good	Good	Good	0	0	0
Bellfield Centre Care Home Service	05/10/2023	Very good	Good	Very good	Very good	Good	0	0	1
Stirling Council Reablement and Tec Services Housing Support Service	02/11/2023	N/A	N/A	N/A	N/A	N/A	0	0	0
Clackmannanshire Reablement and Technology Enabled Care Service Housing Support Service	11/01/2024	Very good	Good	N/A	N/A	N/A	0	0	0
Care Inspectorate									

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

10. Strategic Risk Update – July-September 2024
For: Approval

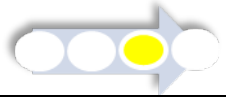
Executive Sponsor: Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance
Author: Miss Vicky Webb, Corporate Risk Manager

Executive Summary
The enclosed report presents an update to the Strategic Risk Register for the period of July 2024 through to September 2024.

Recommendation
The NHS FV Board is asked to:

- **approve** the changes to the Strategic Risk Register for this reporting period (July – September):
  - Increase in risk score of SRR017 (Environmental Sustainability & Climate Change).
  - Increase in risk score of SRR011(Digital & eHealth Infrastructure & Strategy).
  - Increase in risk score of SRR019 (Culture & Leadership).
- **approve** the addition of SRR020 (Health Inequalities) to the Strategic Risk Register.
- **note** the progression of the mitigating actions identified.

Assurance
Proposed assurance level:
The paper and appendices provide assurance in support of the role of the Committee in reviewing and assessing the adequacy of risk management arrangements, systems, and processes.

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

It should be noted that this assurance assessment relates solely to the Risk Management processes for Strategic Risks.

Key Issues to be Considered
Over this reporting period for the Strategic Risks (July'24 - September'24) the following movements have been experienced:

- SRR017 (Environmental Sustainability & Climate Change) increased in risk score from 16 to 20.
- SRR 011 (Digital & eHealth Infrastructure & Strategy) increased in risk score from 12 to 15.
- SRR019 (Culture & Leadership) has increased in risk score from 12 to 15.

- A new Strategic Risk has been added to the risk register regarding Health Inequalities – SRR 020.

The remainder of the strategic risks have remained static. The detail is included in appendix 1.

To coincide with our regular work, four Focused Reviews have been conducted in this quarter, and an update on Primary Care Sustainability was provided to the Staff Governance Committee as well. Section five of appendix one highlights specific details around:

- SRR004: Scheduled Care
- SRR011: Digital & eHealth Infrastructure & Strategy
- SRR017: Environmental Sustainability & Climate Change
- SRR019: Culture & Leadership
- Follow up SRR018: Primary Care Sustainability

Financial Implications
Financial implications are included in the body of the paper where relevant to risk.

Workforce Implications
Workforce implications are included in the body of the paper where relevant to risk.

Infrastructure Implications including Digital
Infrastructure including Digital implications are included in the body of the paper where relevant to risk.

Sustainability Implications
Environmental Sustainability and Climate Change implications are included in the body of the paper where relevant to risk.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. *(A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)*
☐ *Yes*
☒ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
Patient Harm and Patient Experience implications are included in the body of the paper where relevant to risk.

Information Governance Implications
Information Governance implications are included in the body of the paper where relevant to risk.

Risk Assessment / Management
Risk is the subject of the paper.

Relevance to Strategic Priorities
Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:
☒ Paper is not relevant to Equality and Diversity
☐ Screening completed - no discrimination noted
☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation
- Risk reviews were conducted with Risk Owners and/or Risk Leads.
- Staff Governance Committee – 29 July 2024, 13 September 2024
- Clinical Governance Committee – 9 July 2024, 10 September 2024
- Performance and Resources Committee – 27 August 2024
- Audit & Risk Committee – 26 October 2024

Additional Information
N/A

Appendices
Appendix 1: Strategic Risk Register Update – July-September 2024

Appendix 1 - Strategic Risk Review July – September 2024

Contents

1. Summary and Key Messages
2. Strategic Risks in Focus
3. Risk Controls Progress Update
4. Risk Trend Analysis
5. Strategic Risk Deep Dives

1.Summary and Key Messages

During this reporting period, three strategic risks have increased in risk score and section two of this report highlights these specifically: SRR 017 (Environmental Sustainability & Climate Change), SRR 011 (Digital & eHealth Infrastructure & Strategy) & SRR019 (Culture & Leadership). The addition of a new Strategic Risk regarding Health Inequalities was endorsed by the Clinical Governance Committee. Further detail on this risk in included in section two of this report. The remainder of the risks are static for this reporting period.

To coincide with our regular work, four Focused Reviews have been conducted in this quarter, and an update on Primary Care Sustainability was provided to the Staff Governance Committee as well. Section five of appendix one highlights specific details around:

- SRR004: Scheduled Care
- SRR011: Digital & eHealth Infrastructure & Strategy
- SRR017: Environmental Sustainability & Climate Change
- SRR019: Culture & Leadership
- Follow up SRR018: Primary Care Sustainability

Over the last few months, we have experienced a change in the Boards appetite profile as we have seen a increase in the number of risks that are out with the Boards defined appetite and tolerance levels. Further details can be found in section 4 of this report.

Emerging Risks/Hotspots:

If the Board accept the addition of the new Strategic Risk around Health Inequalities, the current Strategic Risk SRR009 (Healthcare Strategy) will be proposed for closure at the next Performance & Resources Committee as the Strategy is a key mitigation of this risk.

2.Strategic Risks in Focus

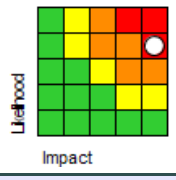
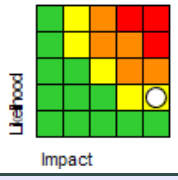
2.1 Strategic Risk Dashboard

Ref	Risk Title	Untreated Risk Score	Current Risk Score	Date Assessed	History Risk Score	Risk Trend	Target Risk Score	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25	09-Sep-2024	25; 25; 25		10	Clinical Governance Committee	Patient Harm
SRR 005	Financial Sustainability	25	25	14-Aug-2024	25; 25; 25		15	Performance and Resources Committee	Financial
SRR 009	Workforce Plans	25	20	05-Sep-2024	20; 20; 20		10	Staff Governance Committee	Financial
SRR 015	Cyber Resilience	25	20	16-Aug-2024	20; 20; 20		16	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 017	Environmental Sustainability & Climate Change	25	20	16-Aug-2024	20; 16; 16		15	Performance and Resources Committee	Environmental Sustainability /Climate Change
SRR 020	Health Inequalities	25	20	30-Aug-2024	25; 20		10	Clinical Governance Committee	Health Inequalities
SRR 010	Estates & Supporting Infrastructure	25	16	19-Aug-2024	16; 16; 16		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 004	Scheduled Care	20	15	20-Aug-2024	15; 15; 15		10	Clinical Governance Committee	Patient Experience
SRR 011	Digital & eHealth - Infrastructure & Strategy	16	15	16-Aug-2024	15; 15; 12		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 018	Primary Care Sustainability	20	15	06-Jun-2024	15; 15; 20		10	Staff Governance Committee	Service Delivery/Business Interruption
SRR 019	Culture & Leadership	25	15	05-Sep-2024	15; 12; 12		10	Staff Governance Committee	Inspection/Audit
SRR 003	Information Governance	20	12	01-Oct-2024	12; 12; 12		8	Performance and Resources Committee	Inspection/Audit
SRR 014	Healthcare Strategy	16	8	17-Apr-2024	8; 9; 15		10	Performance and Resources Committee	Financial
SRR 016	Out of Hours Service (OOHS)	20	6	13-Sep-2024	6; 6; 4		6	Clinical Governance Committee	Service Delivery/Business Interruption

2.2 New Proposed Strategic Risk

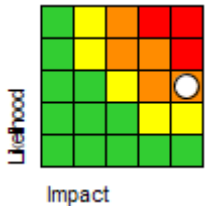
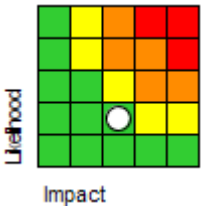
Following the review of the Healthcare Strategy Strategic Risk (SRR009), it was felt that the risk did not clearly articulate what the strategic concern is for NHS FV. Therefore, as an action following the Focused Review, the Corporate Risk Manager and the Interim Director of Public Health developed a new risk around Health Inequalities, specifically around improving our population health outcomes. Below is the output of this discussion.

"If NHS FV does not work with partners to influence the social determinants of health and the NHS does not create a healthcare system which can be accessed by all the people of Forth Valley, there is a risk that health outcomes do not improve, and health inequalities do not reduce or may even widen. This could result in reduced healthy life expectancy for the population, or for individual population groups, and a significant financial cost through increased need and demands on services."

SRR 020 Health Inequalities		**Owners**	
Current Score	**Target Score**	Jennifer Champion	Andrew Murray
			
Latest Update			
This risk has been added to the Strategic Risk Register as it has been recognised that as an organisation, one of our main aims is to improve and protect the Health & Wellbeing of the whole population of Forth Valley and tackle Health Inequalities. As this aim forms the foundation of the newly developing Population Health & Care Strategy, it is only fitting that this is also referenced on the Strategic Risk Register. It is thought that, if this risk is approved by the Board in November, that the Healthcare Strategy Strategic Risk will be closed as this is one of the main mitigations of this new risk. The risk as it currently stands is out with the Boards appetite and tolerance levels as the lead impact category is Health Inequalities. It is proposed that this risk is monitored by the Clinical Governance Committee to ensure appropriate mitigations are in place and receive assurance on key controls.			
Internal Controls			
NHS Forth Valley is an Anchor Institution, working with other partner organisations in their role as Anchor Institutions, to improve the social determinants of health.			
Director of Public Health works collaboratively across the local population health system with Community Planning Partnerships to embed tackling inequalities as a principal theme.			
NHS Forth Valley senior planners and managers contribute to multiple Community Planning Partnership theme groups.			
Anchor NHS service design planning commenced with strategic leads and service managers to improve reach and benefit of services.			
Directors of Public Health are working with Heads of Population Health Scottish Government.			
Commenced work with HR re revamped EQIA with poverty/health inequalities focus.			
Healthcare Public Health Consultant understanding health inequalities and barriers to paediatric outpatients.			

Further Controls Required
Development of the Population Health & Care Strategy.
Development of a comprehensive healthcare inequalities delivery plan which supports investment in measures which decreases HI.
Align Health Inequalities Delivery Plan to partnership plans.
Embed mitigating Health Inequalities as a workstream within all the NHS Forth Valley programme boards.
Develop staff training plan to understand responsibilities around health inequalities - this is a key enabler to embedding prevention activity.
Develop a systematic way to assess and monitor health inequalities and develop performance management around outcomes on prevention and health inequalities that is embedded in Performance tables.
Review NHS Forth Valley contribution to community planning partnerships.

2.3 Risks Increased in this Reporting Period

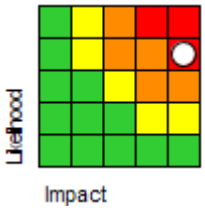
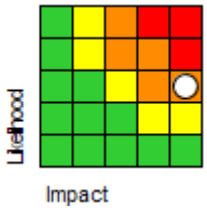
SRR 011 Digital & eHealth - Infrastructure & Strategy		Owners		Assurance Committee
Risk Description	If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.	Scott Jaffray	Rachel Marshall	Performance and Resources Committee
Current Score	**Target Score**	**Appetite Level**	**Tolerance Level**	
		Averse (1-6)	Cautious (8-10)	

Latest Update

Risk has been re-assessed and there is no change to the risk position for this reporting period. Last report, this risk was subject to a Focused Review where the risk had increased to a score of 15 from a 12. This increase in risk score is not from a deteriorating position but due to a re-assessment of the current position based on risk management methodology.
The controls have been updated to reflect the current environment and specific controls have been removed as they referred to assurance activity rather than controls. Other controls were also removed as they referred more to cyber security than maintenance of Digital/eHealth.
Two new actions were also added regarding the increase in digital champions and the development of a benefits realisation process document.

Further Controls Required	Action Owner	Due Date	Progress
The Director of Digital has requested full implementation of the PC/ Server & System asset management system to support the rolling infrastructure refresh. The IT team are looking at Asset Management within the new Service Now service desk tool to replace existing tools.	Douglas Grant; Tracey Jackson; Scott Jaffray	30-Jun-2025	30%
Raise awareness and obtain clinical support throughout the organisation to understand the Delivery Plan objectives and support roll-out of the 66 projects held within.	Scott Jaffray	30-Apr-2025	80%
Implementation of the new NIS audit recommendations for 2024/25.	Douglas Grant	31-Mar-2025	0%
Increase the number of digital champions across the organisation to enhance digital/clinical partnership working.	Scott Jaffray	30-Apr-2025	0%
Establish a benefits realisation process to document and report on all identified benefits within digital projects and report these to the Digital & eHealth Programme Board.	Scott Jaffray	30-Apr-2025	0%

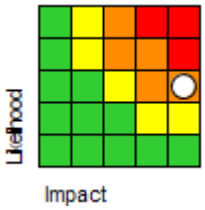
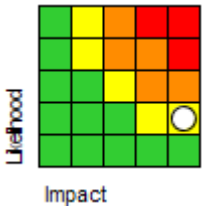
SRR 017 Environmental Sustainability & Climate Change		Owners		Assurance Committee
Risk Description	If NHS Forth Valley does not maximise our available resources to implement our Climate Emergency & Sustainability Strategy, there is a risk that we will be unable to comply with DL38 and not meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy resulting in an inability to operate in an environmentally sustainable manor, an inability to meet objectives, and damaging stakeholder/public confidence.	Morag Farquhar	Derek Jarvie	Performance and Resources Committee

Current Score	Target Score	Appetite Level	Tolerance Level
		Moderate (12-16)	Open (20-25)

Latest Update

This risk has been reviewed as part of the Focused Review and there has been an increase in risk score (from a 15 to a 20). The likelihood of this risk has increased because Scottish Government have closed applications for funding as the funding stream has been oversubscribed this year.
The risk score has been re-assessed more widely, which is a key component of a Focused Review, particularly in relation to the impact assessment. Environmental Sustainability Impact has increased to a 5.

Further Controls Required	Action Owner	Due Date	Progress
Successful Implementation of the Environmental Management System.	Derek Jarvie	31-Mar-2025	10%
Communications Strategy and action plan to be developed - Both public facing and internal for staff.	Derek Jarvie	30-Apr-2025	65%
Recruitment of remaining posts for the Climate Emergency Response and Sustainability Team.	Derek Jarvie	30-Apr-2025	80%

SRR 019 Culture & Leadership		Owners		Assurance Committee
Risk Description	If NHS FV do not foster a cohesive culture with strong leadership, there is a risk that our people will not feel valued in their roles and understand how they feed into organisational success, resulting in a negative impact on staff morale, and an inability for FV to be resilient, agile and achieve long-term success.	Kevin Reith	Margaret Kerr	Staff Governance Committee
Current Score	**Target Score**	**Appetite Level**	**Tolerance Level**	
		Cautious (8-10)	Moderate (12-16)	

Latest Update

This risk has been the subject of a Focused Review and the following changes have been made.

• The risk score has increased slightly to a position of 15 through a robust review of the untreated and current position of the risk.
• The lead impact category for this risk is Inspection/Audit.
• A review of the current and further controls was conducted, highlighting where we have gaps in our current controls.

This risk will continue to be monitored by Staff Governance Committee who will receive updates on action progress and score mitigation.

Further Controls Required	Action Owner	Due Date	Progress
Phase 4 – Design - to have plan in place.	Kevin Reith	31-Dec-2024	75%
Delivery of Systems Leadership Development Programme - commencing with an initial ELT session followed by cascade of system leadership culture across the wider leadership group.	Kevin Reith	31-Dec-2024	60%
Building on staff awards, work is progressing on other staff recognition opportunities.	Kevin Reith	30-Sep-2024	30%
Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement	Kevin Reith	31-May-2025	50%

3.Risk Controls Progress Update

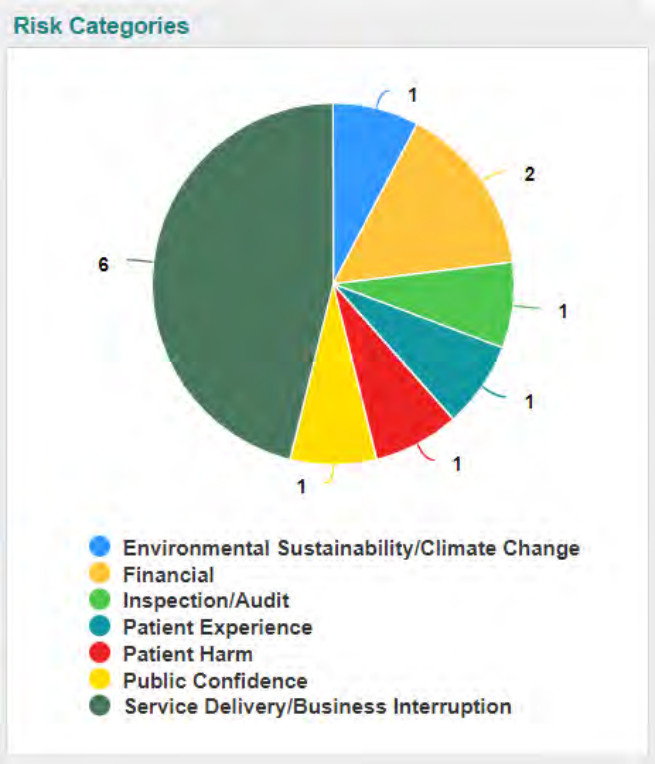
In this reporting period, there were six actions completed to mitigate the strategic risk profile. At the end of this period there are 11 overdue actions reported. These span over a number of risks (SRR002, SRR003, SRR004 & SRR009, SRR014, SRR015, SRR018 & SRR019), and it is expected that these will be picked up in the next reviews for the risk. Detail on these controls is included in the below table. There are 21 controls which are due to be completed in Quarter 3 24/25.

Code	Action Title	Due Date	Status at Audit & Risk Committee	Further Update
SRR002.23	Establishment of Frailty Unit at front door.	30-Sep-2024	Overdue	Discussed at Clinical Governance Committee, work is progressing therefore date extended.
SRR002.29	Review & enhance Senior Decision Makers cover in the Emergency Department during unsocial hours.	31-Jul-2024	Overdue	Discussed at Clinical Governance Committee, work is progressing therefore due date extended.
SRR003	Develop procedure to ensure Board and Committee papers are routinely deposited at Stirling University Archives once complete.	31-Aug-2024	Overdue	Action is 90% complete and will be discussed at the Strategic Planning, Performance & Resources Committee.
SRR004.14	Assessment of the effectiveness of the non-consultant model of care.	30-Sep-2024	Overdue	Discussed at Clinical Governance Committee, work is progressing therefore date extended.
SRR009.08	Further work to review career progression routes for nursing and midwifery staff, building on the HCSW review.	30-Sep-2024	Overdue	Action is being looked at as part of the Workforce Planning Focused Review. Will be presented to Staff Governance in December.
SRR014.11	Development of Population Health & Care Strategy.	30-Sep-2024	Overdue	Discussed at Performance & Resources Committee, work is progressing therefore date extended.
SRR014.13	Progress focused engagement around the Population Health & Care Strategy.	30-Sep-2024	Overdue	Discussed at Performance & Resources Committee, work is progressing therefore date extended.

Code	Action Title	Due Date	Status at Audit & Risk Committee	Further Update
SRR0 15.10	Review of cyber roles to support recruitment of vacant post and retention	12-Aug-2024	Overdue	Action will be discussed at the Strategic Planning, Performance & Resources Committee in December.
SRR0 18.05	Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs.	31-Dec-2023	Overdue	Action is under review as part of the review of review of Strategic Risk 009.
SRR0 19.05	Delivery of the Board Development Programme.	30-Sep-2024	Overdue	Action has been closed and will be reported into the Staff Governance Committee in December.
SRR0 19.07	Building on staff awards, work is progressing on other staff recognition opportunities.	30-Sep-2024	Overdue	Action will be discussed at Staff Governance Committee in December.

4.Risk Trend Analysis

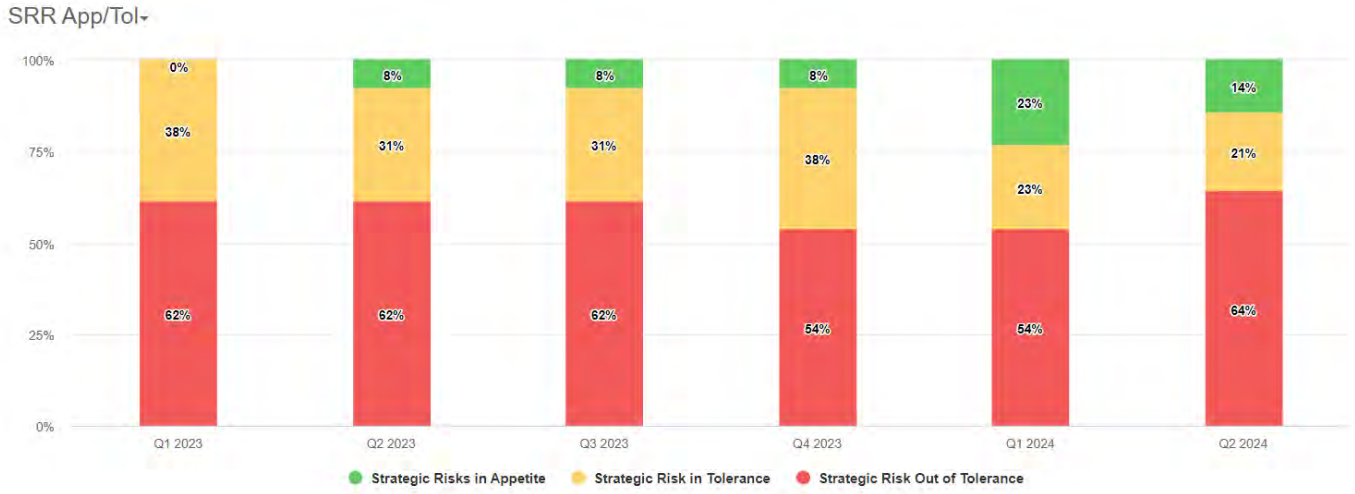
Table 4.1 Strategic Risk Categories



When risks are assessed, a lead impact category is selected, which sets the appetite/tolerance level for the risk. The chart above shows that Service Interruption is the most common category, followed by Finance.

The remaining risks are split between Patient Experience, Patient Harm, Inspection/Audit, Public Confidence and Environmental Sustainability and Climate Change.

Table 4.2 Strategic Appetite and Tolerance



A graph depicting the risk appetite profile of the strategic risks across the previous financial year:

- Quarter 2 (24/25/24) is showing a deterioration in the risks that are highlighted as out with appetite and tolerance for the Board. This has increased to 64% from 54%. Therefore the number of risks in appetite has reduced to 14% from the previous quarter where it was highlighted at 23%.

Note that the colours in the chart represent status (In appetite, In Tolerance, Out of Tolerance) rather than score.

5.Strategic Risk Assurance Deep Dives

During this period, three Focused Review were conducted on:

- **SRR004: Scheduled Care –** This was presented to the September 2024 Clinical Governance Committee, with an approved assurance level of **Reasonable Assurance**. Details of the Focused Review are below.
- **SRR011 Digital & eHealth Infrastructure & Strategy -** This was presented to the June 2024 Performance & Resources Committee, with an approved assurance level of **Reasonable Assurance.** Details of this focused review are below.
- **SRR 017 Environmental Sustainability & Climate Change –** This was presented to the August 2024 Clinical Governance Committee, with an approved assurance level of **Limited Assurance**. Details of this focused review are below.
- **SRR 019 Culture & Leadership** – This was presented to the July additional Staff Governance Committee, with an assurance rating of **Reasonable Assurance**. Details of this focused review are below.

SRR004: Scheduled Care

Commentary

During this focused review process, there was no change to the overall description of the risk, and the overall risk score remains the same – at 15 – but the lead impact category changed to be Service Delivery/Business Interruption.
A review of the current and further controls was conducted, highlighting that across all mitigation measures, there is a variety of criticality. Within the current controls, only two controls gave an overall status of amber, prompting a gap analysis.
The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are five first line bodies delivering on the implementation of these controls with numerous bodies monitoring these controls within and out with the organisation.
The final assurance assessment was assessed as reasonable. Our control environment is mostly effective in the mitigation of this Strategic Risk and there is a timeline for preparing, engaging and publishing the Population Health & Care Strategy.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER HEALTH								
1. Protect and improve the health and wellbeing of the people of Forth Valley whilst reducing inequalities.								
SRR004	**Scheduled Care** If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.	15	Scheduled Care Performance Management	X	X	X	X	Reasonable
			Scheduled Care – Cancer Pathways	X	X	X	X	
			NRAC Funding	X	X	X		
			Prioritisation of Patients	X	X	X	X	
			Non-medical staff delivering clinic and surgical intervention	X	X	X	X	
			Annual Delivery Plan	X	X	X	X	
			Job Plans	X	X			

SRR011: Digital & eHealth Infrastructure & Strategy

Commentary

The Focused Review conducted on SRR011 was the first one conducted on this risk since the process had started. As such, the risk was subject to a bow-tie analysis which allowed the risk to be assessed fully. We identified several causes that could lead to the risk event materialising, and assessed the full spectrum of impacts which could occur if the risk event were to materialise. Due to this process occurring, the risk has been slightly increased in risk score to reflect the conversations had throughout.
A review of the current and further controls was conducted, highlighting that across all mitigation measures, there is a variety of criticality. Within the current controls, seven controls received an amber and red status which prompted a gap analysis to be conducted.
The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are first line bodies delivering on the implementation of these controls with numerous bodies monitoring these controls within and out with the organisation.
The final assurance assessment was assessed as reasonable. Our control environment is mostly effective in the mitigation of this Strategic Risk and work is progressing to mitigate this position.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER VALUE								
5. Demonstrate best value using our resources								
SRR011	**Digital & eHealth – Infrastructure & Strategy** If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on	15	Annual Digital and eHealth Delivery Plan	X		X		Reasonable
			Lifecycle System Matrix	X		X		
			Cyber Security	X	X	X	X	
			Windows/Office Programme	X	X	X	X	
			FVRH ICT Infrastructure Upgrades	X	X	X	X	
			Disaster Recovery and Business Continuity Plans	X	X		X	
			Digital Directorate Workforce Plan	X	X			
			Ensure alignment of new digital & eHealth proposals are linked to current strategies of the Board and national.	X	X	X		

SRR017: Environmental Sustainability & Climate Change

Commentary

During this focused review process, there was no change to the overall description of the risk, but the risk score increased due to the reduction in Scottish Government Funding this year.
A review of the current and further controls was conducted, highlighting that across all mitigation measures, there is a variety of criticality. Within the current controls, all the controls were given an amber and red status which prompted a gap analysis on all controls. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are first line bodies delivering on the implementation of these controls with numerous bodies monitoring these controls within and out with the organisation.
The final assurance assessment was assessed as limited. Our control environment is not working as effectively as it was intended to do, through lack of funding and engagement in activities. It is hopeful that the actions identified in the gap analysis address some of these concerns.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER CARE								
3. Improve our focus on safety, quality, and sustainability								
SRR017	**Environmental Sustainability & Climate Change** If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	20	Climate Emergency Response and Sustainability Team in place.	X		X	X	Limited
			Climate Change & Sustainability Team in place.	X		X	X	
			Addition in Business Case Process to ensure that staff understand ENS Requirements (SPRIG). Section on Board Papers to highlight NHS FV Board priorities.	X		X	X	
			Strategy & Action Plan	X		X	X	
			Funding Sources	X		X		

SRR 019: Culture & Leadership

Commentary

The Focused Review conducted on SRR019 was the first one conducted on this risk since the process had started. As such, the risk was subject to a bow-tie analysis which allowed the risk to be assessed fully. We identified several causes that could lead to the risk event materialising, and assessed the full spectrum of impacts which could occur if the risk event were to materialise. Due to this process occurring, the risk has been slightly increased in risk score to reflect the conversations had throughout (12 to a 15).

A review of the current and further controls was conducted, highlighting that across all mitigation measures, there is a variety of criticality. Within the current control assessment, all the controls were given an amber and red status, prompting a gap analysis across all of the current controls.

The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are first line bodies delivering on the implementation of these controls with numerous bodies monitoring these controls within and out with the organisation.
The final assurance assessment was assessed as reasonable. Our control environment is mostly effective in the mitigation of this Strategic Risk and work is progressing to mitigate this position.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER WORKFORCE								
6. Value and develop our people								
SRR019	**Culture & Leadership** If NHS FV do not foster a cohesive culture with strong leadership, there is a risk that our people will not feel valued in their roles and understand how they feed into organisational success, resulting in a negative impact on staff morale, and an inability for FV to be resilient, agile and achieve long-term success.	15	Leadership Programme	X		X		Reasonable
			Communication	X				
			Step into my Shoes Initiative	X	X			
			Organisational Development Programme	X		X		
			Culture Change & Compassionate Leadership Programme	X	X	X	X	
			Recognising Our People Campaign	X		X		
			Yearly iMatter	X		X	X	
			Personal Development Reviews	X		X	X	
			Whistleblowing procedures including Speak Up	X		X	X	
			Peer Support & Wellbeing Teams in place to support staff	X	X			
			Induction Process	X		X		

Additional Information: SRR018: Primary Care Sustainability

Commentary

This Focused Review was presented to the Staff Governance Committee in March, but it was requested that the review came back to the next Committee in June with representation from Primary Care. This occurred and an in-depth discussion took place regarding the risk score and the assurance provided within the report. It was asked from the service by the Committee that the risk be looked at again as part of the update on Primary Care Services which is being discussed at the Board in November. This work is currently underway.

Reference	Risk Description	Current Score	Controls	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER CARE								
4. Promote and develop better integrated services locally and regionally								
SRR018	**Primary Care Sustainability** As a result of significant levels of financial pressure on the public services in Scotland, an increase in demand and workforce challenges, there is a risk that we will be unable to effectively deliver Primary Care Services, which is likely to result in a reduction in services and independent GP contractors across FV and have a negative impact on the health of the population and increased pressure on other services.	15	GP Sustainability Loans in Place	X	X	X	X	Limited
			Primary Care Improvement Plan being delivered - proactively supporting recruitment etc. iteration 3 substantively delivered in March 2022	X	X	X	X	
			Expansion of community pharmacy services (Further development of Pharmacy First Service)	X	X	X	X	
			Capital Investment Programme in PC premises initial agreement completion Dec 21.	X	X	X	X	
			Premises Improvement funding in place capital budget available each year.	X	X	X		
			Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in key developments.	X	X	X		
			Strong and regular engagement with SG and BMA in place regarding national MOU funding.	X	X	X	X	
			GP Sub-committee developed a paper outlining actions to improve recruitment and retention in FV.	X		X		
			Directly appointed GPs where there are issues such as rural practices or practices under 2c contractual arrangements	X	X	X		
			Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for PC role.	X	X	X	X	

NHS Forth Valley

Strategic Risk Register

Generated on: 18 October 2024

Ref	Risk Title	Risk Description	Risk Category Description	Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Further Controls Required	Linked Actions Author	Original Due Date	Further Controls Target Date	Progress	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR 002	Urgent & Unscheduled Care	If we do not have enough whole system capacity and flow to address key areas of improvement, there is a risk that we will be unable to deliver safe, effective, and person-centred unscheduled care resulting in a potential for patient harm, increases in length of stay, placement of patients in unsuitable places, and a negative impact on patient & staff experience.	Patient Harm	5	5	25	Flow Navigation Centre Workstream	5	5	25		Development of RACU working with unified/ventilated pathways.	Fiona Murray	30-Jun-23	30-Sep-24	35%	10	09-Sep-24	This risk has been updated with Gerry Fraser, Andrew Murray & Deborah Lynch and at this review, there is no change to the current risk position. Work has been done to update the current controls and identify Key Control Indicators to provide enhanced assurance to the Clinical Governance Committee. Work progresses on these workstreams and the mitigating actions to mitigate the overall risk position to be within the Boards appetite and tolerance levels.	Andrew Murray	Gerry Fraser
							Hospital at Home					Develop Adults With Incapacity (AWI) Process.	David Williamet; Gail Woodcock	31-Jan-24	31-Mar-25	0%					
							Front Door Workstream					Establishment of Frailty Unit at front door.	Fiona Murray	31-Jan-24	30-Sep-24	75%					
							Optimising Flow Workstream					Development and implementation of the Operational Pressures Escalation Levels (OPEL) tool which provides an assessment of the whole system to enhance decision-making.	Julie Manton	31-Aug-24	30-Nov-24	90%					
							Conducted a Firebreak Exercise to identify key actions to improve performance.					Review of the Target Operating Model.	Fiona Murray	31-Dec-24	31-Dec-24	0%					
							Conducted a Firebreak to transform UUSC performance.														
							Dynamically using resources to reduce and mitigate risk of patient harm.														
							Your Home First Strategy developed to document our highest priorities for UUSC.														
SRR 005	Financial Sustainability	If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.	Financial	5	5	25	Minimise Medicines Spending: - Savings Plan for Primary Care Medicines - Savings Plan for Acute Medicines	5	5	25		Completion of the Financial Sustainability Action Plan.	Scott Urquhart	31-Mar-25	31-Mar-25	20%	15	16-Aug-24	This risk has been reviewed by Scott Urquhart and Jillian Thomson. There is no change to the current score of this risk at this review. Work continues to be progressed by the services to identify and realise savings across the organisation. A total amount of £10.0M savings have been realised thus far but there is a significant amount of savings to be made by the end of the financial year. The Financial Sustainability Board continue to meet regularly to monitor these programmes of work.	Scott Urquhart	Jillian Thomson
							Minimise Premium Spending (Bank/Agency): - Align Financial Plans with Workforce Plans. - Off-framework contract usage for supplementary staff has ceased - Reduce: • Absences • Vacancies Reduce usage of Contingency Beds														
							Structured Savings Plans														
							Communications programme around "spending well" - staff suggestions on cost improvement schemes submitted via the intranet.														
							Cost Awareness Programme - Finance team engaging with clinical teams, running clinically led sessions to raise financial awareness, working with individual teams around how much things cost in their area to increase understanding of their cost base, and that they understand the level of financial pressure that we are going in to.														
							Financial Recovery Plan - this is mainly focused on the Acute directorate budget which is continually overspent - Plan sets out clear targets, rationale for actions and a week by week plan to demonstrate progress.														
							Assurance and Improvement Plan - Financial section to be added re Cost Improvement and Value, in addition to Culture, Governance and Leadership.														
							System is in place for recharging overseas residents (recharge portion to individual or their insurance company)														
							Financial Sustainability Action Plan developed, with a Financial Sustainability Oversight Board in Place to monitor this.														
							Increased communications throughout the organisation to ensure organisational awareness and buy-in to financial sustainability actions.														
							Increased briefings to the Area Partnership Forum.														
SRR 009	Workforce Plans	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	Financial	5	5	25	Submission of costed overarching workforce plan in line with annual plan to Scottish Government	4	5	20		Completion of the workforce actions in relation to the financial sustainability plan. Reviewing establishment and informing decisions around workforce profile which will feed into the actions to deliver our overarching organisational workforce plan.	Kevin Reith	31-Mar-25	31-Mar-25	0%	10	05-Sep-24	This risk has been reviewed by Kevin Reith and there is no change to the current position. Work continues to be made against the further controls identified. For information, there is National work ongoing regarding refreshing the Workforce Planning national guidance which will influence this risk position. There are plans to undertake the Focused Review work on this risk within the next few months, with the output of this to be reported to Staff Governance in December.	Kevin Reith	Elaine Ball; Linda Robertson
							Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans					Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams.	Margaret Kerr	31-Mar-25	31-Mar-25	40%					
							Directorate "risk-based" workforce action plans with measurable objectives, monitored through the Staff Governance Committee.					Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.	Kevin Reith	31-Mar-25	31-Mar-25	30%					
							Wellbeing Controls in place - Our People Strategy, Strategic Workforce Wellbeing Plan, Wellbeing Website and Management toolkit, Culture and Compassionate Staff Programme, Joy at Work.					Action Plan which will include definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the Plan, which will be reported on a regular basis during lifetime of the Workforce Plan. The action plan will be developed in conjunction with HSCPs and based on integrated working.	Linda Robertson	31-Mar-24	31-Dec-24	30%					
							Sustainable Workforce Initiatives in place - suite of flexible working policies in place to ensure we can recruit and retain staff - Retire and Return					Further work to review career progression routes for nursing and midwifery staff, building on the HCSW review.	Frances Dodd; Kevin Reith	30-Sep-24	30-Sep-24	40%					
							e-Rostering Solution implemented to make it easier to deploy staff more effectively across the organisation, ensuring the most efficient use of staff available, ensure safe staffing levels and improving work-life balance for staff.														
							Sustainable Workforce - Ethical International Recruitment.														
							Sustainable Workforce Initiatives in Place - Health Care Support Workers. All Band 2 nursing HCSW job descriptions have been reviewed against the newly agreed National Nursing Clinical Workers profiles.														
							Attendance Management Action Plan - 19 actions grouped into themes - Measurement, Training, Learning from Others, Supports for Staff and Culture. Links with Attendance Policy, management cases, Return to Work, Case Reviews/Audit (long term sickness) and Links with Absence and ER Cases (Employee Relations).														
SRR 015	Cyber Resilience	If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised Resulting in a significant disruption to the services provided by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.	Service Delivery/Business Interruption	5	5	25	Cyber Resilience Framework - includes 427 controls designed to support faster recover, lower disruption and reduce data loss.	4	5	20		**IMPORTANT, PREVENTATIVE** - Cyber Security Awareness and Training - Continuous improvements and monitoring of our awareness material and training for all staff. This includes a high level of compliance with the mandatory nature of Cyber Awareness training.	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray	31-Dec-21	22-Oct-24	60%	16	16-Aug-24	This risk has been reviewed by Scott Jaffray and there is not change to this risk position for this reporting period.	Andrew Murray	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray
							Digital and eHealth Strategy - includes cyber resilience sub-strategy aimed at lowering impact of incidents.					**ABSOLUTELY CRITICAL, PREVENTATIVE CONTROL** - Our reliance on suppliers is better understood with a degree of assurance especially around our critical suppliers processes, policies and people.	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray	31-Mar-23	30-Nov-24	40%					
							Previously implemented NIS Audit Recommendations are specific recommendations from the auditor to help the Health Board prioritise based on risk exposure.					**ABSOLUTELY CRITICAL, CONTINGENCY CONTROL** – Business Continuity Plans – Embedding and testing - BCPs should be widely known, understood, and regularly tested for effectiveness.	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray	31-Mar-24	23-Jan-25	40%					
							Change Management within the organisation is supported through rigorous process and scrutiny by the Technical Steering Group and Change Advisory Board.					**VERY IMPORTANT, PREVENTATIVE** - Gatekeeping process for third party access – third parties only allowed access to our network via centrally managed route into our infrastructure which the Health Board controls.	Scott Jaffray	31-Mar-24	30-Oct-24	20%					
												Review of cyber roles to support recruitment and retention (a number of roles have recently been made vacant and there is potential for single points of failure).	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray	31-Mar-24	12-Aug-24	50%					
												015.11 Action – Implementation of the new NIS audit recommendations for 2024/25.		01-Apr-25	01-Apr-25	0%					
SRR 017	Environmental Sustainability & Climate Change	If NHS Forth Valley does not maximise our available resources to implement our Climate Emergency & Sustainability Strategy, there is a risk that we will be unable to comply with DL36 and not meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy resulting in an inability to operate in an environmentally sustainable manor, an inability to meet objectives, and damaging stakeholder/public	Environmental Sustainability/Climate Change	5	5	25	Climate Emergency Response and Sustainability Team This relates to the secondary roles of key members of staff within the organisation who have taken on extra responsibility to assist in the delivery of the action plan.	4	5	20		Successful implementation of the Environmental Management System - To reduce environmental impacts and ensure legal compliance. E.g. are we storing oil properly, maintaining boilers properly, etc., waste management, transport. Currently trying to implement. Currently live in Estates and looking to roll out further (phase 1).	Derek Jarvie	29-Mar-24	31-Mar-25	10%	15	16-Aug-24	This risk has been reviewed as part of the Focused Review and there has been an increase in risk score (from a 15 to a 20). The likelihood of this risk has increased because Scottish Government have closed applications for funding as the stream has been oversubscribed. The risk score has been re-assessed more widely, particularly in relation to the impact	Morag Farquhar	Derek Jarvie

		confidence.					Climate Change & Sustainability Team All Board and Committee meeting papers contain a section requiring the author to highlight any sustainability implications and to complete the sustainability declaration confirming that due regard has been given to compliance with DL38. Note: This needs to be built on as this was going to be taken forward buy previous Chief Exec. Climate Emergency & Sustainability Strategy and Action Plan, detailing the activities to be undertaken by each of the operational workstreams. Continual review and identification of funding sources.				Communications Strategy and action plan to be developed - Both public facing and internal for staff. Recruitment of remaining posts for the Climate Emergency Response and Sustainability Team - Energy and Sustainability Manager post (now filled), Climate Emergency and Sustainability Manager post (to manage the Environmental Management system (Banded but not yet funded), Waste and Circular Economy (Not funded), Information and Data Assistant post (Not yet banded), Waste and Compliance Support Officer post(Funded but not yet advertised).	Derek Jarvie Derek Jarvie	31-Mar-23 31-May-23	30-Apr-25 30-Apr-25	65% 80%			assessment. Environmental Sustainability Impact has increased to a 5.		
SRR 020	Health Inequalities	If NHS FV does not work with partners to influence the social determinants of health and the NHS does not create a healthcare system which can be accessed by all the people of Forth Valley, there is a risk that health outcomes do not improve, and health inequalities do not reduce or may even widen. This could result in reduced healthy life expectancy for the population, or for individual population groups, and a significant financial cost through increased need and demands on services.	Health Inequalities	5	5	25	NHS Forth Valley is an Anchor Institution, working with other partner organisations in their role as Anchor Institutions, to improve the social determinants of health. Director of PH work collaboratively across the local population health system, in particular, with CPPs to embed tackling inequalities as a principal theme. NHS Forth Valley senior planners and managers contribute to multiple Community Planning Partnership theme groups to plan for improved health outcomes and reduced inequalities. Examples include Alcohol & Drug Partnerships, child poverty planning groups, children and young people's strategic service plans Anchor NHS service design planning commenced with strategic leads and service managers to improve reach and benefit of services and programmes for diverse and disadvantaged communities. Directors of Public Health are working with Heads of Population Health at the Scottish Government with a view to intelligence performance management around Health Inequalities activity, e.g. delivery plans now have commentary on Anchor work required. Commenced work with HR re revamped EQIA with a poverty/health inequalities focus. Healthcare PH Consultant understanding health inequalities and barriers to paediatric outpatients.	4	5	20	Health Inequalities delivery plan should be aligned with partnership plans - Discuss at ELT and Board Seminar. Development of a comprehensive healthcare inequalities delivery plan which supports investment in measures which decreases HI as mentioned at Board on 7.5.24. Embed mitigating Health Inequalities as a workstream within all the NHS Forth Valley programme boards. Develop staff training plan to understand responsibilities around health inequalities - this is a key enabler to embedding prevention activity. Develop a systematic way to assess and monitor health inequalities, and develop performance management around outcomes on prevention and health inequalities that is embedded in Performance tables. Use of data to identify inequities, inform planning and prioritisation, and track progress DNAs (Did Not Attends to appointments). With support from PHS, standardise approach to analysing cancer screening programmes by SIMD, ethnicity, age and sex. (Example from NHS Fife identifying DNAs within planned care).Healthcare service inequalities With support from PHS, standardise approach to analysing cardiovascular disease services (including uptake of prevention e.g. type 2 diabetes) and outcomes (to be defined) by SIMD, ethnicity, age and sex. Indicators for healthcare generated health inequalities. Review NHS Forth Valley contribution to community planning partnerships. Development of the Population Health & Care Strategy.		30-Sep-25 31-May-25 31-May-25 31-Oct-25 31-Aug-25 30-Sep-25 30-Jun-25	30-Sep-25 31-May-25 31-May-25 31-Oct-25 31-Aug-25 30-Sep-25 30-Jun-25	0% 0% 0% 0% 0% 0% 0%	10	11-Sep-24	This risk has been added to the Strategic Risk Register as it has been recognised that as an organisation, one of our main aims are to improve and protect the Health & Wellbeing of the whole population of Forth Valley and tackle Health Inequalities. As this aim forms the foundation of the newly developing Population Health & Care Strategy, it is only fitting that this is also referenced on the Strategic Risk Register. The risk as it currently stands is outwith the Boards appetite and tolerance levels as the least impact category is Health Inequalities. It is proposed that this risk is monitored by the Clinical Governance Committee to ensure appropriate mitigations are in place and receive assurance on key controls.	Jennifer Champion	Andrew Murray
SRR 010	Estates & Supporting Infrastructure	If a whole system, multidisciplinary approach is not applied, there is a risk that we will not make best use of available capital and revenue funding via prioritisation and allocation, to fully proceed with existing Estates and Infrastructure plans, make new development plans, or maintain and enhance the existing estate. This will result in an inability to maintain and develop a suitable environment for modern and sustainable services.	Service Delivery/Business Interruption	5	5	25	NHS Board capital plan outlining prioritisation and funding for Infrastructure developments Operational condition of estate regularly assessed and monitored through the Strategic Asset Management System Rolling estate survey programme carried out within 5 year cycle Regular reviews with PPP partners for FVRH, RHCY, CCHC and planned preventative maintenance programmes in force including 'Backstart'. Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection Revenue and Capital budget planning process in place for Estates Horizon scanning – keeping on top of latest developments in Estates Management, changes in guidance, awareness of national position re capital funding (through membership of national groups). SCART - Statutory Compliance Audit and Risk Tool Whole System Plan setting out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans. Estates and Capital Planning Service Delivery The National Network has been established to provide support and knowledge and best practice sharing for HBs in relation to the Whole system Plan and The Business Continuity Plan. The first meeting was held on 21 March 2024 and the second meeting is due 17 April 2024. A Paper was taken to ELT on 15 April 2024 outlined the need for a multidisciplinary approach to both the WSP and the BCP.	4	4	16	**ABSOLUTELY CRITICAL** - Development of whole system infrastructure plan which is in effect a Programme Initial Agreement and will set out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans (will include FCH and the remainder of Primary Care). Utilisation of the Asset Information Management System which better capture information on our property assets and any capital development. By 31 Jan 2025, we are to provide a business continuity option regarding maintaining the existing estate.	Morag Farquhar Morag Farquhar Morag Farquhar	01-Jul-25 31-Dec-24 31-Jan-25	31-Jan-26 31-Dec-24 31-Jan-25	5% 5% 19%	6	19-Aug-24	This risk has been reviewed by Morag Farquhar and there is no change to the risk position at this time. Progress has been made on the development of the Business Continuity Plan which is being development from an ask by Scottish Government. A Short Life Working Group has been developed to monitor progress of this work.	Morag Farquhar	Morag Farquhar
SRR 004	Scheduled Care	If NHS FV does not consider and plan for current and future changes to population and associated demand/(case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.	Patient Experience	4	5	20	Scheduled Care Performance Management process in place – identification of performance issues allowing interventions to be applied. All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager Annual Delivery Plan to maximise scheduled care services. Approval given by NHS Board to invest NRAC monies recurrently on a sustainable solution NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients - two levels - urgent and routine. Job plans are reviewed and agreed every year. Non-medical staff delivering clinic and surgical based interventions releasing consultant time to do complex cases.	3	5	15	Assessment of the effectiveness of the non-consultant model of care - outpatient area, and Advanced Practitioner clinics, surgical care practitioners delivering virology surgery. A 24 month plan has been developed to improve efficiency and address the impact of the NTC as far as possible with the resources available, and will require further work to change the service model to be fully effective. Complete the theatre efficiencies programme of work to try and increase capacity within our theatres.	 Marie Gardiner Marie Gardiner	31-Mar-24 31-Mar-24 31-Mar-25	30-Sep-24 30-Apr-25 31-Mar-25	90% 75% 25%	10	20-Aug-24	This risk has been the subject of a Focused Review and there is no change to the overall risk score. However, there has been some changes to the individual scoring. Specifically, the impact on Service Delivery has been increased to an impact of 5 as the risk of harm to patients waiting for care could have on UUEC. This has therefore changed the target score to be a 6 instead of a 10 to align with the Boards appetite.	Garry Fraser	Catherine Dunn; Marie Gardiner
SRR 011	Digital & eHealth - Infrastructure & Strategy	If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot be fully delivered, and ultimately, the NHS Infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.	Service Delivery/Business Interruption	4	4	16	Annual Digital and eHealth delivery plan - 23/24 plan approved at March Digital and eHealth Programme Board. Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans Cyber security objectives and initiatives included in the annual programme of work. Window/Office Programme team in place.	3	5	15	The Director of Digital has requested full implementation of the PC Server & System asset management system to support the rolling infrastructure refresh. The IT team are looking at Asset Management within the new Service Now service desk tool to replace existing tools. Raise awareness and obtain clinical support throughout the organisation to understand the Delivery Plan objectives and support roll-out of the 66 projects held within. Implementation of the new NIS audit recommendations for 2024/25. Increase the number of digital champions across the organisation to enhance digital/clinical partnership working.	Douglas Grant; Tracey Jackson ; Scott Jaffray Scott Jaffray Douglas Grant	31-Dec-22 31-Mar-24 31-Mar-25 30-Apr-25	30-Jun-25 30-Apr-25 31-Mar-25 30-Apr-25	30% 80% 0% 0%	6	16-Aug-24	Risk has been re-assessed and there is no change to the risk position for this reporting period. Last report, this risk was subject to a Focused Review. The controls have been updated to reflect the current environment and specific actions have been removed as they relate more to assurance activity rather than controls. Other controls were also removed as they referred more to cyber security than maintenance of Digital/eHealth. Two new actions were also added regarding the increase in digital champions and the development of a benefits realisation process document.	Scott Jaffray	Rachel Marshall

							Programme of work to upgrade ICT infrastructure at FVRH as part of 2021 delivery commenced and on track for completion this FY						Establish a benefits realisation process to document and report on all identified benefits within digital projects and report these to the Digital & eHealth Programme Board.		30-Apr-25	30-Apr-25	0%						
							Disaster Recovery and Business Continuity Plans are in place to improve the overall infrastructure and contingency plans. Linkages made with Business Continuity and Risk Management teams to support resilience work.															
							Digital Directorate Workforce Plan.															
							Ensure alignment of new digital & eHealth proposals are linked to current strategies of the Board and national.															
							Accredited by the Service Desk Institute Standard.															
SRR 018	Primary Care Sustainability	As a result of significant levels of financial pressure on the public services in Scotland, increasing demand and workforce challenges, there is a risk that the pressures will contribute to the sustainability of General Practice and Primary Care. Which is likely to result in a reduction in services and independent GP contractors across FV and have a negative impact on the health of the population and increased pressure on other services.	Service Delivery/ Business Interruption	4	5	20	Sustainability Improvement loans process in place	3	5	15	Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026).	~~Judith Proctor~~	31-Mar-24	31-Mar-24	10%	10	06-Jun-24	The risk was reviewed on 06 June 2024, between Judith Proctor, Scott Williams and Alastair Jack. It was assessed that the risk remains static however the Focused Review action was closed. The final action was completed around GP Sustainability data and was moved to being a current control. One action around developing new roles continues to be delayed as we are awaiting confirmation on funding from Acute. There is a plan that if the funding is not received we will pursue alternative options. One action around Governance and escalations was progressed to 75% as we have made significant progress with the GP Sub Group and PCFP Group however there still some clarity around how the GP Sub Group reports / is escalating through both HSCP's in relation to the hosting arrangements and decision making. The due date was increased to 6 months to allow this work to progress. The Focused Review of this risk will be presented to the NHS Staff Governance Committee on 14 June 2024.	Gail Woodcock	Scott Williams
							Primary Care Improvement Plan being delivered proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 160 of 200 posts).						Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. Pharmacists, Nurses, advance physiotherapists and AHPs.	~~Judith Proctor~~	31-Dec-23	31-Dec-23	64%						
							Expansion of community pharmacy services. Further development of pharmacy first service.						Development of Governance routes and escalation procedures following the delegation of PC to FHSCP.	~~Judith Proctor~~ Scott Williams	01-Mar-24	08-Dec-24	75%						
							GP IT Programme Board established to look at wider IT issues affecting Primary Care including remote working and telephony solutions. Roll out of remote server solution - around 50 laptops were distributed.						There is a need for a wider whole system GP/PC transformation programme which would be expected to support a reduction in risk score and overall sustainability however this is a long term aspiration and work around this is not likely to commence in the medium to short term.	~~Judith Proctor~~ Scott Williams	31-Mar-25	31-Mar-25	0%						
							Primary Care Programme Board Re-established November 2021															
							Premises Improvement funding in place (capital budget available each year. Estates are not aware of any further SG premises improvement grants being made available. This money would come through the FHSCP and FV Facilities will continue to monitor the position with the available capital however this is extremely limited for 2024/25.															
							Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are appropriately involved in primary/community care developments, quality improvement and assurance.															
							Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements															
							GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. As at 06 April, currently funding GP sessions to help implement the outputs from the paper.															
							Directly appointed GPs where there are issues such as rural practices or practices under 2c contractual arrangements															
							Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD.															
							Capital Investment Programme in PC premises Initial agreement completion Dec-21. Initial Agreement was approved, and 4 x outline business cases were to be commenced for significant premises replacement. As of 19 March 2024, SG asked that all Business Cases are paused and the Locality Projects will be taken forward under the Whole System Infrastructure Plan. The WSIP is to be submitted to SG by Jan 2026, and a Business Continuity option to maintain existing estate is to be submitted by Jan 2025. Capital funding is externally limited for 2024/25 and we may have to discuss prioritisation subject to local capital. As of Jan 2024 Primary Care Premises Group established – deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board.															
							Monitoring GP sustainability and workload data to inform the development of future controls and actions															
SRR 019	Culture & Leadership	If NHS FV do not foster a cohesive culture with strong leadership, there is a risk that our people will not feel valued in their roles and understand how they head into organisational success, resulting in a negative impact on staff morale, and an inability for FV to be resilient, agile and achieve long-term success.	Inspection/Audit	5	5	25	Whistleblowing procedures including "Speak Up" service.	3	5	15	Phase 4 – Design - to have plan in place.	Kevin Raith	31-Dec-23	31-Dec-24	75%	10	05-Sep-24	This risk has been the subject of a Focused Review and the following changes have been made. • The risk score has increased slightly to a position of 15 through a robust review of the untreated and current position of the risk. • The lead impact category for this risk is Inspection/Audit. • A review of the current and further controls was undertaken to identify where we have gaps in our current controls. This risk will continue to be monitored by Staff Governance Committee who will receive updates on action progress and score mitigation.	Kevin Raith	Margaret Kerr
							Communication - Resources supporting development of culture are available on the intranet.						Delivery of Systems Leadership Development Programme - commencing with an initial ELT session followed by cascade of system leadership culture across the wider leadership group.	Kevin Raith	31-Mar-24	31-Dec-24	60%						
							Personal Development Reviews						Delivery of Board Development Programme to consider the Board's vision, values and corporate objectives.	Jack Frawley	31-Mar-24	30-Sep-24	75%						
							Promotion of yearly iMatter surveys across the organisation.						Building on staff awards, work is progressing on other staff recognition opportunities.	Kevin Raith	30-Jun-24	30-Sep-24	30%						
							Recognising Our People (e.g., staff awards).						Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement	Kevin Raith	31-May-25	31-May-25	50%						
							Culture Change and Compassionate Leadership Programme – Phase 1 (scoping) and Phase 2 Diagnostics and Discovery are complete.															
							ELT co-produced Organisational Development Programme - scoping and agreement.															
							Leadership Programme.															
							Peer Support and Wellbeing Teams in place to support staff.															
							Induction Processes															
							Step into my Shoes Initiative.															
SRR 003	Information Governance	If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.	Inspection/Audit	5	4	20	Robust, and regularly reviewed, procedures which address information handling available to all staff involved in the activity.	3	4	12	Assess presence of Business Continuity Plans within DPA and SSA process. Include in recommendations as required.	Sarah Hughes-Jones	30-Jun-24	31-Dec-24	60%	8	08-Oct-24	Risk score remains the same. Progress is being made against actions however have not yet completed to have a material impact on status of organisational controls.	Andrew Murray	Sarah Hughes-Jones
							Adherence to IG assurance processes & documentation (Information Assets, DPIA, ISA, Contracts, Risk Assessments, Privacy notices).						Co-ordinate SLWG to review and develop mechanisms to assess information governance compliance within supplier management processes.	Sarah Hughes-Jones	31-Dec-24	31-Dec-24	30%						
							Use of approved devices, systems, and channels.						Develop a process for registering 'shadow IT' within the Information Asset Register.	Sarah Hughes-Jones	31-Dec-24	31-Dec-24	0%						
													Develop arrangements to assure accuracy of joiners, movers, leavers data across the organisation.	Sarah Hughes-Jones	31-Dec-24	31-Dec-24	10%						
							Routine review and disposal processes. Ensuring regular deletion of redundant, obsolete, trivial material.						Develop mechanisms to support routine testing of back ups as part of business as usual arrangements.	Sarah Hughes-Jones	31-Dec-24	31-Dec-24	50%						
							Annual information governance training & awareness.						Develop procedure to ensure Board and Committee papers are routinely deposited at Stirling University Archives once complete.	Sarah Hughes-Jones	30-Jun-24	31-Aug-24	90%						
							Technical & Physical Security controls to manage access & audit.						Develop processes to proactively monitor completion of Safe Information Handling module to enable targeted training requirements to be identified and followed up.	Sarah Hughes-Jones	31-Oct-24	31-Oct-24	20%						

							Secure & backed up storage arrangements which avoid use of moveable media.				Introduce and embed routine assurance audit process to test compliance with DPA and SSA actions.	Sarah Hughes-Jones	31-Dec-24	31-Dec-24	5%								
							Effective and consistent use of filing systems, structured on Business Classification Scheme.				Introduce information risk assessment reports to be provided to services following registration of Information Assets to ensure visibility of information risks and recommended actions to mitigate risks.	Sarah Hughes-Jones	30-Jun-24	31-Oct-24	95%								
							Identifying records for permanent preservation.				Review frequency of mandatory information governance training, and mechanisms for delivery	Sarah Hughes-Jones	31-Dec-24	31-Dec-24	0%								
							Identifying critical records within local business continuity plans.				Test use of Business Classification Scheme as structure for use within Sharepoint pilots (eHealth, AHPs), with a view to incorporation within Sharepoint roll-out.	Sarah Hughes-Jones	30-Jun-24	31-Oct-24	60%								
							Information Governance Security Incident Management process				Roll out of DPIA process to support implementation of OneTrust - DPIA management.	Sarah Hughes-Jones	31-Mar-22	31-Mar-24	50%								
							Routine processes to check & update information over time.																
SRR 014	Healthcare Strategy	If the new NHS Forth Valley Population Health & Care Strategy does not address population health and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans and Local Delivery Plans, then appropriate objectives and key priorities will not meet the needs of the population, resulting in inability to reduce health inequalities and an inability to reduce pressures on services, workforce and finance.	Financial	4	4	16	Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy	2	4	8	National Treatment Centre development providing additional capacity alongside local initiatives	~~Medical Care Mackenzie~~ Vicky Webb	31-May-22	31-Dec-24	95%	10	17-Apr-24	This risk has been the subject of a Focused Review and there has been a slight change to the risk score. The impacts have been re-assessed and reflect the changes made at the risk workshop. This has resulted in a slight reduction in risk score from this process – the risk has reduced from 9 to an 8 as the impact increased but the likelihood of this risk materialising reduced to a 2. A review of the current controls took place, where we assessed the effectiveness and criticality of each control.	Amanda Croft	Janelle Fraser
							HSCP Strategic Commissioning Plans published Spring 2023.				Review requirements and use of Strategic Deployment Matrices and alternative implementation methodologies aligned to Healthcare Strategy.	~~Medical Care Mackenzie~~ Vicky Webb	30-Sep-21	30-Nov-24	80%								
							Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be built on within future plans to ensure sustainability of services.				Development of Population Health & Care Strategy.	Janelle Fraser	30-Nov-23	30-Sep-24	75%								
							NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. Level 0 Strategic Deployment Matrix drafted.				Progress focused engagement around the Population Health & Care Strategy.	Janelle Fraser	31-Jul-24	30-Sep-24	30%								
							Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues															
							Primary Care Improvement Plan delivering significant improvement and resilience in GP services.																
							Forward plan and timeline for Healthcare Strategy to be completed. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June looked at compassionate leadership and culture. Public engagement on refreshed Healthcare Strategy Development day planned for 26th October 2022 cancelled due to system pressures. A revised approach is being taken, with a consultation document being drawn up for end of May, a consultation period to run until end of September, and the strategy due to be compiled by end of November.																
							National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level.																
							Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy.																
							Compassionate Leadership and Culture Programme launched Spring 2023.																
							NHS Forth Valley is working with HSCPs to align strategic plans with the healthcare strategy.																
							Delivery plan process informing the strategy.																
							Strategy Map (Plan in a page) went to W3LT in Dec 2023, and continues to be updated.																
							W3LT event (07 Dec 2023) recommendations to support the next steps in terms of wider engagement																
							Work started with the Cancer Service which will inform the Health Care strategy. The Cancer Team will have their own plan that aligns with the HC strategy and National strategy.																
							A clinician has been appointed from within the Executive Leadership Team.																
SRR 016	Out of Hours Service (OOHS)	If the Forth Valley Health & Care system is unable to provide a fully staffed OOHS, taking an integrated, multidisciplinary approach whilst ensuring an appropriate skills mix, there is a risk that we will experience delays in the service to provide the appropriate clinical intervention to our patients, resulting in an inability to deliver care at the right time, right place by the right person.	Service Delivery/Business Interruption	5	4	20	Reviewing the rota on a weekly basis and highlighting key shifts where gaps are evident, implementing changes to fill all areas where the availability of staff is low.	2	3	6	Cultural change programme (being progressed with the support of Prof Wood) - will include further patient and staff experience surveys and will be used to inform the OOH Improvement Plan.	Andrew Mccall	31-Mar-23	31-Mar-24	85%	6	13-Sep-24	This risk has been reviewed by Andrew McCall and there is no change to the risk position at this review. The risk remains within the Boards appetite and work continues to be done to embed the current controls throughout our Out of Hours Service.	Garry Fraser, Judith Proctor	Andrew Mccall
							Clinical Lead and Lead ANP have flexibility in their role to cover short-term gaps in rota.																
							OOH Organisational Change Activity - patient and staff experience form the basis of continual improvement.																
							Integration of the OOH service into the Urgent Care Centre (HUB) to enhance synergy with other urgent care services.																
							Improved accessibility of OOH services to ensure optimal patient care and best use of staff resource including electronic prescribing solution.																
							Support provided by SAS – Currently SAS are supporting house visits at weekends (if sufficient staff are available).																
							Completed benchmarking exercise of GP T&Cs with other Boards - Confirmation received from HR that we are in line with national pay rates.																
							Communications Plan promotes optimal use of OOH and other 24/7 urgent care services by the public, including OOH and Urgent Care Services poster, and scripts for patient announcement system within the UCC incorporate the OOH service.																
							Hybrid roles are now established across urgent care and this includes OOHs.																
							An allocation of HCSWs has been provided to the OOHs service in alignment with Urgent Care services.																
							Communication Plan to inform patients waiting to see clinicians of increased timescales/delays.																

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

11(a). Strengthening Governance: Review of Governance Committees, Non-Executive Director Portfolios and Committee Membership

For: Approval

Executive Sponsor: Ms Neena Mahal, Board Chair
Author: Mr Jack Frawley, Board Secretary

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1. Executive Summary

1.1 This paper sets out the outcome of a review of Governance Committees and the portfolio assignments of Non-Executive Directors conducted by the Board Chair.

1.2 The paper seeks approval of the establishment of the Population Health Task and Finish Group, the standing down of the Ethical Issues Committee, set up during COVID, and approval of the revised Committee memberships resulting from the review of Non-Executive Director portfolios. The review has also included consideration of Health Board membership on the Clackmannanshire and Stirling Integration Joint Board and a change to the Vice Chair Member of the Falkirk Integration Joint Board with approval sought for the incoming Vice Chair to take up the Chair of the Falkirk Integration Joint Board when the position moves to the Health Board in April 2025.

1.3 The current and new portfolios are set out in appendix 1 to the report, with the Board's revised Governance Structure and Committee memberships set out in appendix 2.

2. Recommendations

2.1 The Forth Valley NHS Board is asked to:-

- **approve** the establishment of the Population Task and Finish Group to support the development of the Population Health and Care Strategy;
- **approve** the standing down of the Ethical Issues Committee, noting that its work will be subsumed under the Clinical Governance Committee;
- **approve** the revised portfolios and Committee memberships as set out in the appendices to the report effective from 1st February 2025 (unless specifically indicated otherwise);
- **agree** that Mr Gordon Johnston is appointed as Vice-Chair of the Falkirk Integration Joint Board, effective from 1st January 2025 and subsequently as the Chair of the Falkirk Integration Joint Board from 1 April 2025, and
- **note** the indicative membership of the Endowments Sub-Committee, to be approved separately by the Trustees of the Endowments Trust.

3. Key Issues to be Considered

3.1 The NHS Board is primarily responsible and accountable for setting strategic direction, holding executives to account for delivery, managing risk, engaging with stakeholders, and influencing organisational culture.

3.2 To support the work of the Board, standing Governance Committees have been put in place to provide assurance, support the delivery of good governance and support the Board to operate within the Clinical Governance, Financial Governance and Staff Governance Frameworks. These Committees are responsible for the scrutiny of functions, services and

matters delegated to them by the NHS Board, making decisions, recommendations, and escalating issues to the Board, as appropriate.

4. Current Position regarding Committees and Portfolios

4.1 The Board's key Governance Committees are: Audit and Risk Committee; Clinical Governance Committee; Staff Governance Committee; Remuneration Committee and the newly established Strategic Planning, Performance and Resources Committee, approved at the September 2024 Board meeting with all Non- Executive Directors as members, to replace the Board's Performance and Resources Committee.

4.2 In addition, the Board has a well-established Organ Donation Committee chaired by a Non-Executive Director and a Pharmacy Practices Committee which meets on an ad-hoc basis to provide the necessary governance around the regulatory framework for the consideration of additional pharmacy contracts or services.

4.3 Health Board Non- Executive members are also appointed as voting members of either or both Integration Joint Boards (IJBs) in the Forth Valley area - Clackmannanshire & Stirling and Falkirk.

4.4 During COVID, a separate Ethical Issues Committee was established to consider any potential issues which could arise.

4.5 There are 3 Community Planning Partnerships (CPPs) across Forth Valley aligned to each of the Council areas – Clackmannanshire, Falkirk and Stirling. Health Board representation at the CPPs is key to driving collaboration and partnership working.

4.6 All Board members are also Trustees of the Endowments Trust. There is also an Endowments Sub-Committee. The operation of the Trust and the Sub-Committee is separate from the operation of the NHS Board and details on membership have been provided for information and completeness.

5. Proposed Changes to Governance Structures

Ethical Issues Committee

5.1 It is proposed that the Ethical Issues Committee is stood down and its work subsumed under the Clinical Governance Committee and a framework for how this work will be carried out, should it be required, is remitted to the Clinical Governance Committee for consideration.

Population Health and Population Health Task & Finish Group

5.2 In recognition of the discussion of Population Health issues and priorities across a number of Forums including the Anchor Board and Community Planning Partnerships, it is proposed that Population Health is initially considered within the remit of the Strategic Planning, Performance and Resources Committee with the aim of mainstreaming the consideration and scrutiny of Population Health across all governance committees.

5.3 It is further proposed that the Board agrees to establish a short life Population Health Task & Finish Group, reporting to the Strategic Planning, Performance & Resources Committee which will support the development of the strategy. The membership of this group is set out in the appendices to this report. The Group will advise on and drive development of the strategy and be stood down at the conclusion of that work.

Strategic Planning, Performance and Resources Committee

5.3 The Board approved the establishment of this Committee, comprising all Non-Executive Directors as members, to replace the Performance and Resources Committee at its Board meeting in September 2024. The revised Strategic Planning, Performance & Resources Committee will provide a space for strategic thinking and discussion where there can be

early sight of proposals and an opportunity to shape and influence strategic direction and have strengthened oversight of the challenges faced by the Board.

6. Non-Executive Directors Portfolios and Integration Joint Boards Membership Review

6.1 The Forth Valley NHS Board comprises both Executive and Non-Executive Directors. Non-Executive Directors are drawn from two categories: publicly appointed members and stakeholder members. The Stakeholder members of the Board are: one Councillor from each of the Local Authorities within the Health Board's boundary, being Clackmannanshire, Falkirk & Stirling Councils; the Chair of the Area Clinical Forum, and the Employee Director. There are currently seven publicly appointed members, including the Board Chair. Non-Executive Directors are crucial to the effective functioning of the Board in its governance and oversight role.

6.2 In order to ensure that the Board and its Committees are operating effectively and that Non-Executive Directors are able to bring their diverse skills and knowledge to bear in the best way, the Board Chair has undertaken a review of their portfolio assignments. This has also taken account of changes to the Board membership in recent months. The outcome of this review is set out in appendix 1 to this report.

6.3 The Board is asked to approve the resultant updated Committee Chairs and Memberships as set out in appendix 2, noting that the membership of the Endowments Sub-Committee is a matter for the Trustees of the Endowment Trust to agree separately.

6.4 The Chair of the Falkirk Integration Joint Board rotates between the constituent authorities on a two-yearly basis, as set out in the Integration Scheme. From 1 April 2025 it will fall to the Health Board to appoint the Chair of the IJB. It is proposed that Mr Gordon Johnston is appointed to the position of Vice Chair, effective 1 January 2025, and subsequently Chair of the Falkirk IJB, effective 1 April 2025. Mr Stephen McAllister, currently Vice Chair, will continue to be a member of the Falkirk IJB following this proposed change.

6.5 The Board is asked to agree that Mr Gordon Johnston is appointed as Vice-Chair of the Falkirk Integration Joint Board, effective from 1st January 2025 and subsequently as the Chair of the Falkirk Integration Joint Board from 1 April 2025

6.6 The Clackmannanshire and Stirling Integration Joint Board (IJB) requires 6 members from the Health Board to serve as Voting Members of the IJB. Due to changes in Board membership, there is a vacancy for a Health Board member of the IJB. An appointment to this vacancy will be made in due course.

6.7 Where a Non-Executive is unable to attend an IJB meeting they should advise the Board Chair of this to allow for a substitute to be sought. A substitute from within the Non-Executive Director cohort will first be sought, if this is not successful then an Executive Director may act as a substitute Voting Member.

6.8 To build on and strengthen partnership working, the Board is asked to note that the Board Chair, Chief Executive and Acting Director of Public Health will be the key nominees for the three Community Planning Partnerships. Other NHS Forth Valley staff will also attend meetings as appropriate.

7. Timeline for changes

7.1 Unless otherwise stated, the timeline for implementation of the changes to the portfolios of members is 1st February 2025. To support the transition, arrangements will be made with all Non-Executive Directors to ensure Governance Committees remain quorate until the end of the current cycle of Committee meetings to the end of March 2025.

8. Implications

Financial Implications

8.1 There are no direct financial implications associated with this paper.

Workforce Implications

8.2 There are no direct workforce implications associated with this paper.

Infrastructure Implications including Digital

8.3 There are no infrastructure implications identified.

Sustainability Implications

8.4 No sustainability implications identified.

Sustainability Declaration

8.5 *Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process* A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*

✓ *N/A*

Quality / Patient Care Implications

8.6 The recommendations of this report are designed to support and enhance the oversight of quality and safety of care provided to patients.

Information Governance Implications

8.7 No Information Governance implications identified.

Risk Assessment / Management

8.8 No formal risk assessment has been undertaken. However, a lack of appropriate succession planning and not having the appropriate skillsets and expertise on Governance Committees could affect the effective operation of governance within the Board and the oversight and scrutiny provided to the Board in carrying out its assurance role.

Relevance to Strategic Priorities

8.9 The recommendations of this report help to implement the recommendations of the external governance review and self-assessment exercise against the Blueprint for Good Governance by enhancing the functioning of the Board and its Committees.

Equality Declaration

8.10 The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

□ Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

8.11 As part of the preparation of this report the Board Chair has engaged with Non-Executive Directors, the Chief Executive, the Board Secretary, Lead Directors for Committees and the Board Senior Leadership Team.

Appendix 1 – Portfolio Changes – November 2024
Appendix 2 – Committee Memberships – November 2024

Portfolio changes

Neena Mahal

Existing	**New**
NHS Board Chair	NHS Board Chair
Member of the Clinical Governance Committee	Chair of Strategic Planning, Performance and Resources Committee
Member of the Remuneration Committee	Member of Remuneration Committee
Member of Clinical Governance Committee	Ex-officio Member of Clinical Governance Committee
Member of Staff Governance Committee	Ex-officio Member of Staff Governance Committee
Member of 3 Community Planning Partnerships across the 3 Local Authorities	Ex-officio member Population Health Task and Finish Group
	In attendance at Audit and Risk Committee
	Member of 3 Community Planning Partnerships across the 3 Local Authorities

Allan Rennie

Existing	**New**
Board Vice- Chair	Board Vice- Chair
Chair of the Staff Governance Committee	Chair of the Remuneration Committee (including Chair of Discretionary Points Group)
Vice Chair of the Clackmannanshire & Stirling IJB	Chair of the Organ Donation Committee
Chair of the Organ Donation Committee	Member of the Endowments Sub Committee
Chair of the Remuneration Committee (including Chair of Discretionary Points Group)	Vice Chair of the Clackmannanshire/Stirling IJB
	*Chair of the Population Health Task and Finish Group
	Member of the Strategic Planning, Performance and Resources Committee

Martin Fairbairn

Existing	**New**
Chair of the Performance & Resources Committee *Member of the Clackmannanshire & Stirling IJB* *Member of the Remuneration Committee*	Chair of the Staff Governance Committee Member of the Audit and Risk Committee Member of the Remuneration Committee Joint Chair of the Pharmacy Practices Committee/GP Practices Committee Member of the Clackmannanshire/Stirling IJB Member of the Strategic Planning, Performance and Resources Committee

Gordon Johnston

Existing	**New**
Board Whistleblowing Champion *Member of the Clinical Governance Committee* *Member of the Ethical Issues Sub Committee* *Member of the Staff Governance Committee* *Member of the Falkirk IJB* *Member of the Clackmannanshire & Stirling IJB*	Board Whistleblowing Champion Member of the Staff Governance Committee Member of the Clinical Governance Committee Vice of the Chair Falkirk IJB (effective from 1st January 2025) Member of the Clackmannanshire/Stirling IJB (until new NXD appointed) *Member of the Population Health Task and Finish Group Member of the Strategic Planning, Performance and Resources Committee

John Stuart

Existing	**New**
Member of the Clinical Governance Committee *Member of the Endowments Committee* *Member of the Audit & Risk Committee* *Member of the Clackmannanshire & Stirling IJB* *Chair of the Pharmacy Practices Committee*	Chair of the Clinical Governance Committee (effective from 1st April 2025) Member of the Staff Governance Committee Member of the Endowments Sub Committee Joint Chair of the Pharmacy Practices Committee/GP Practices Committee Member of the Clackmannanshire/Stirling IJB Member of the Strategic Planning, Performance and Resources Committee

Stephen McAllister

Existing	**New**
Member of the Staff Governance Committee *Vice Chair of the Falkirk IJB* *Voting Member of the Clackmannanshire & Stirling IJB*	Member of the Audit and Risk Committee Member of the Clinical Governance Committee Member of the Falkirk IJB (effective from 1st January 2025) Member of the Clackmannanshire/Stirling IJB Member of the Strategic Planning, Performance and Resources Committee

Michele McClung (demits office end March 2025)

Existing	**New**
Chair of the Clinical Governance Committee *Chair of the Ethical Issues Sub Committee* *Member of the Falkirk IJB* *Member of the Remuneration Committee*	Chair of the Clinical Governance Committee Member of the Falkirk IJB Member of the Remuneration Committee Member of the Strategic Planning, Performance and Resources Committee

Kirstin Cassells

Existing	**New**
Chair of the Area Clinical Forum	Chair of the Area Clinical Forum
Member of the Clinical Governance Committee	Member of the Clinical Governance Committee
Member of the Performance & Resources Committee	Member of the Endowments Sub Committee
	Member of the Strategic Planning, Performance and Resources Committee

Robert Clark

Existing	**New**
Chair of the Area Partnership Forum	Chair of the Area Partnership Forum
Member of the Clinical Governance Committee	Member of the Staff Governance Committee
Member of the Endowments Committee	Member of the Audit and Risk Committee
Member of the Audit & Risk Committee	Member of the Remuneration Committee
Member of the Performance & Resources Committee	Member of the Strategic Planning, Performance and Resources Committee
Member of the Staff Governance Committee	
Member of the Remuneration Committee	

Councillor Fiona Collie

Existing	**New**
Chair of the Audit & Risk Committee	Chair of the Audit and Risk Committee
Chair of the Endowments Committee	Chair of the Endowments Sub Committee
Member of the Performance & Resources Committee	Member of the Strategic Planning, Performance and Resources Committee
Member of the Remuneration Committee	

Councillor Wendy Hamilton

Existing	**New**
Member of the Clinical Governance Committee *Member of the Performance & Resources Committee*	Member of the Staff Governance Committee Board Champion Climate Change and Sustainability *Member of the Population Health Task and Finish Group Member of the Strategic Planning, Performance and Resources Committee

Councillor David Wilson

Existing	**New**
	Member of the Audit and Risk Committee Member of the Clinical Governance Committee Member of the Strategic Planning, Performance and Resources Committee

*The Population Health Task and Finish Group will be a short life group to assist and advise on the Population Health Strategy and will report into the Strategic Planning, Performance and Resources Committee

26 November 2024

COMMITTEE MEMBERSHIP NOVEMBER 2024

Audit & Risk Committee	Clinical Governance Committee	Staff Governance Committee	Strategic Planning, Performance & Resources Committee	Remuneration Committee
Members Cllr Fiona Collie (Chair) Robert Clark Martin Fairbairn Stephen McAllister Cllr David Wilson	**Members** Dr Michele McClung (Chair until 31/03/25) John Stuart (Chair from 01/04/25) Kirstin Cassells Stephen McAllister Gordon Johnston Cllr David Wilson Neena Mahal (Ex-officio member)	**Members** Martin Fairbairn (Chair) Robert Clark Gordon Johnston John Stuart Cllr Wendy Hamilton Neena Mahal (Ex-officio member)	**Members** Neena Mahal (Chair) All Board Members	**Members** Allan Rennie (Chair) Martin Fairbairn Michele McClung Robert Clark Neena Mahal
Q – 3 Non-Executive Directors	Q – 3 Non-Executive Directors	Q – 3 Non-Executive Directors	Q – 3 Non-Executive Directors	Q – 3 Non-Executive Directors
Executive Lead Scott Urquhart	**Executive Lead** Andrew Murray Frances Dodd	**Executive Lead** Kevin Reith	**Executive Lead** Kerry Mackenzie (liaising with Scott Urquhart and Jennifer Champion)	**Executive Lead** Kevin Reith

Ethical Issues	Organ Donation Committee	Pharmacy Practices Committee & GP Practices Committee	Population Health – Task and Finish Group
Work to be considered under Clinical Governance Committee. Ethical Issues Committee to be stood down	**Member** Allan Rennie (Chair)	**Members** John Stuart (Joint Chair) Martin Fairbairn (Joint Chair)	**Members** Allan Rennie (Chair) Gordon Johnston Cllr Wendy Hamilton Neena Mahal (Ex-officio member) **Executive Lead** Jennifer Champion

Endowments Trustees	Endowments Sub-Committee
Members Neena Mahal (Chair) All Board Members	**Members** Cllr Fiona Collie (Chair) Kirstin Cassells John Stuart Allan Rennie Scott Urquhart (Executive Director) Andrew Murray/Frances Dodd (Executive Director) *TBC*

Falkirk Integration Joint Board	Clackmannanshire & Stirling Integration Joint Board	Falkirk Community Planning Partnership	Clackmannanshire Community Planning Partnership	Stirling Community Planning Partnership
Voting Members Gordon Johnston (currently member. Vice Chair from 1 January 2025) Stephen McAllister (currently Vice Chair, member from 1 January 2025) Michele McClung (until 31 March 2025)	**Voting Members** Allan Rennie (Vice-Chair) Martin Fairbairn Gordon Johnston (until new NXD appointment) Stephen McAllister John Stuart Vacancy	**Members** Board Chair Board Chief Executive Director of Public Health	**Members** Board Chair Board Chief Executive Director of Public Health	**Members** Board Chair Board Chief Executive Director of Public Health

26 November 2024

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

11(b). Meeting Dates 2025 & 2026
For: Approval

Executive Sponsor: Ms Neena Mahal, Board Chair
Author: Mr Jack Frawley, Board Secretary

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1. Executive Summary

1.1 This paper sets out proposed Board and Governance Committee dates for 2025 and 2026.

2. Recommendations

2.1 The Forth Valley NHS Board is asked to:-

- **approve** the dates for Board Meetings and Governance Committees for 2025 and 2026 as set out in appendices 1 and 2 to the report and
- **note** the confirmed Board seminar dates set out at section 4.1.
- **note** the indicative dates for meetings of the Endowments Trust

3. Key Issues to be Considered

3.1 The NHS Board is primarily responsible and accountable for setting strategic direction, holding executives to account for delivery, managing risk, engaging with stakeholders, and influencing organisational culture.

3.2 To support the work of the Board standing Governance Committees have been put in place to support the delivery of good governance and support the Board to operate within the Clinical Governance, Financial Governance and Staff Governance Frameworks. The e Committees are responsible for the scrutiny of functions, services and matters delegated to them by the NHS Board, making decisions, recommendations, and escalating issues to the Board, as appropriate.

3.3 The Board's key Governance Committees are: Audit and Risk Committee; Clinical Governance Committee; Staff Governance Committee; Remuneration Committee and Strategic Planning, Performance and Resources Committee. The Pharmacy Practices Committee meets on an ad-hoc basis to provide the necessary governance around the regulatory framework for the consideration.

3.4 The scheduling of a June meeting of the Audit and Risk Committee is included to consider the draft Annual Accounts and all Board members are encouraged to attend this meeting. On the same day it is proposed that the Forth Valley NHS Board then meets, in private session, to approve the Annual Accounts. This will also be the date on which a meeting of the Endowments Trustees is held to approve those accounts.

3.5 Dates for meetings of the Endowments Trustees and its Sub-Committee will be agreed at a meeting of the Trustees. As the Endowment Trustees are the members of the NHS Forth Valley Board it is proposed that meetings of the Trustees be held following, but separate from, meeting of the Board or the Strategic Planning, Performance & Resources Committee where possible. Meetings of the Endowments Trustees will be held at least twice annually. Indicative dates for 2024 are: 28 January, 29 April, 17 June and 28 October.

3.6 Dates for the Remuneration Committee and the Population Health short life Task and Finish Group are still to be confirmed and will be circulated in due course.

3.7 Dates for Integration Joint Board meetings and their sub- committees will be circulated separately as they are still being finalised.

3.8 An NHS Forth Valley electronic corporate calendar is also being devised to enable diary management and avoid clashes of key dates.

4. Board Seminars

4.1 Board Seminars will be held from 9.30am to 12.30pm on the following dates: -

2025	**2026**
Tuesday 11 February	Tuesday 10 February
Tuesday 1 April	Tuesday 21 April
Tuesday 10 June	Tuesday 9 June
Tuesday 12 August	Tuesday 11 August
Tuesday 7 October	Tuesday 6 October

5. Implications

Financial Implications

5.1 There are no direct financial implications associated with this paper.

Workforce Implications

5.2 There are no direct workforce implications associated with this paper.

Infrastructure Implications including Digital

5.3 There are no infrastructure implications identified.

Sustainability Implications

5.4 No sustainability implications identified.

Sustainability Declaration

5.5 *Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process* A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*

✓ *N/A*

Quality / Patient Care Implications

5.6 The recommendations of this report are designed to support and enhance the oversight of quality and safety of care provided to patients.

Information Governance Implications

5.7 No Information Governance implications identified.

Risk Assessment / Management

5.8 No formal risk assessment has been undertaken.

Relevance to Strategic Priorities

5.9 The recommendations of this report help to implement the recommendations of the external governance review and self-assessment exercise against the Blueprint for Good Governance by enhancing the functioning of the Board.

Equality Declaration

5.10 The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

□ Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

5.11 As part of the preparation of this report there has been engagement with the Board Chair; Non-Executive Directors; Chief Executive, Lead Directors for Committees; the Board Senior Leadership Team and the Head of Corporate Governance.

Appendix 1 – Meeting Dates 2025
Appendix 2 – Meeting Dates 2026.

Appendix 1 Meeting Dates – 2025

Forth Valley NHS Board – 9.30am to 1.30pm
1. Tuesday 28 January 2025
2. Tuesday 25 March 2025
3. Tuesday 27 May 2025
4. Tuesday 17 June 2025 (private meeting) *
5. Tuesday 29 July 2025
6. Tuesday 30 September 2025
7. Tuesday 25 November 2025

Governance Committees

Strategic Planning, Performance & Resources Committee – 9.30am to 1pm
1. Tuesday 25 February 2025
2. Tuesday 29 April 2025
3. Tuesday 24 June 2025
4. Tuesday 26 August 2025
5. Tuesday 28 October 2025
6. Tuesday 16 December 2025

Audit and Risk Committee – 9am to 11am
1. Friday 24 January 2025
2. Friday 21 March 2025
3. Tuesday 17 June 2025*
4. Friday 31 October 2025

Clinical Governance Committee – 9am to 1pm
1. Tuesday 7 January 2025
2. Tuesday 11 March 2025
3. Tuesday 6 May 2025
4. Tuesday 8 July 2025
5. Tuesday 9 September 2025
6. Tuesday 11 November 2025

Staff Governance Committee – 9am to 12noon
1. Friday 14 March 2025
2. Tuesday 13 May 2025
3. Tuesday 15 July 2025
4. Tuesday 16 September 2025
5. Tuesday 18 November 2025

Remuneration Committee
To be agreed but at least 3 times in a year.

Endowments Trustees Meetings
1. Tuesday 28 January 2025 – 1.30pm to 2.30pm
2. Tuesday 29 April 2025 – 1pm – 2pm
3. Tuesday 17 June 2025 – 10.05am to 10.45am
4. Tuesday 28 October 2025 – 1pm to 2pm

Annual Accounts - 17 June
Audit & Risk Committee 9am – 10am
Endowments Trustees 10.05am – 10.45am
Private NHS Forth Valley Board 10.50am – 11.30am

Appendix 2 Meeting Dates – 2026

Forth Valley NHS Board – 9.30am to 1.30pm
1. Tuesday 27 January 2026
2. Tuesday 31 March 2026
3. Tuesday 26 May 2026
4. Tuesday 16 June 2026 (private meeting) *
5. Tuesday 28 July 2026
6. Tuesday 29 September 2026
7. Tuesday 24 November 2026

Governance Committees

Strategic Planning, Performance & Resources Committee – 9.30am to 1pm
1. Tuesday 24 February 2026
2. Tuesday 28 April 2026
3. Tuesday 30 June 2026
4. Tuesday 25 August 2026
5. Tuesday 27 October 2026
6. Tuesday 15 December 2026

Audit and Risk Committee – 9am to 11am
1. Friday 23 January 2026
2. Friday 27 March 2026
3. Tuesday 16 June 2026*
4. Friday 30 October 2026

Clinical Governance Committee – 9am to 1pm
1. Tuesday 13 January 2026
2. Tuesday 17 March 2026
3. Tuesday 5 May 2026
4. Tuesday 7 July 2026
5. Tuesday 8 September 2026
6. Tuesday 10 November 2026

Staff Governance Committee – 9am to 12noon
1. Tuesday 20 January 2026
2. Tuesday 10 March 2026
3. Tuesday 12 May 2026
4. Tuesday 14 July 2026
5. Tuesday 15 September 2026
6. Tuesday 17 November 2026

Remuneration Committee
To be agreed but at least 3 times in a year.

Annual Accounts - 16 June
Audit & Risk Committee 9am – 10am
Endowments Trustees 10.05am – 10.45am
Private NHS Forth Valley Board 10.50am – 11.30am

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

13. Purchase of Killin Medical Practice Premises
For: Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance
Authors: Mrs Morag Farquhar, Director of Facilities; Mr Brian O'Rourke, Property Services manager; Mrs Jillian Thomson, Deputy Director of Finance; Mrs Louise McCallum, Interim Primary Care Senior Service Manager

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1. Executive Summary

1.1 The proposal is to complete an off-market purchase of Killin Medical Practice's premises based at Laggan Leigheas, Killin which is currently owned by the former GP Partner, The former Partner has confirmed that he wishes to sell the property and has offered an off-market sale to NHS Forth Valley, which is proposed to proceed in order to ensure the continuation of the delivery of Primary Care services to Killin and the surrounding area.

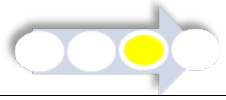
2. Recommendation

2.1 The NHS Board is asked to:

- **note** the position in relation to the Medical Practice's premises and the need to ensure stability of provision of GMS and other services to the local community.
- **note** that the Performance & Resources Committee considered the proposal in relation to compliance thus far with the requirements of the Property Transactions Handbook and endorsed it, recommending that the NHS Board provide final approval, subject to clarification of certain matters, which is contained within this paper.
- **approve** the off-market purchase of Killin Medical Practice
- **consider** the proposed level of assurance.

3. Assurance

3.1 Proposed assurance level:

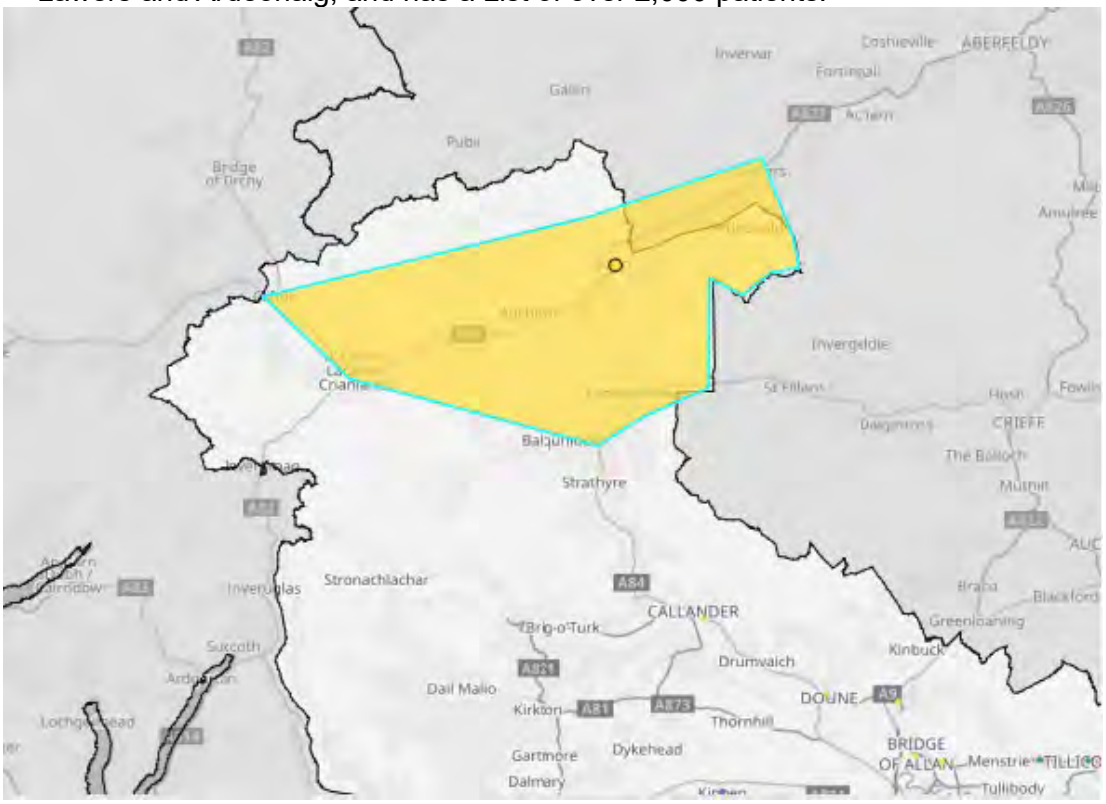
Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A reasonable level of assurance has been reported on the basis that the requirements of the Property Transactions Handbook have been followed thus far and that the Board's Legal and Property Advisors have been engaged, in addition to the District Valuer who has undertaken a market valuation of the property. The Property Advisor has checked for alternative properties within Killin and has undertaken a building survey. The Board's Central Legal Office is progressing the development of the necessary Legal Agreements and will conclude the purchase on approval from the Board.

4. Key Issues to be Considered

- Killin Medical Practice, Laggan Leigheas, Killin, comprises of a stand-alone purpose built facility constructed in the 1990s.

- Killin Medical Practice covers Killin, Crianlarich, Tyndrum, Lochearnhead, Balquidder, Lawers and Ardeonaig, and has a List of over 2,000 patients.



The map above indicates the boundary covered with the current premises at Killin being 21.6 miles from the nearest other Forth Valley GP Practice, Callander Medical Practice. This is approximately a 40-minute drive with limited public transport links. Crianlarich is 13.8 miles away. The nearest other GP Practice outwith NHS Forth Valley, is Aberfeldy and Rannoch within Tayside: this Practice will not currently cover patients within the Killin catchment and it is understood that a bus runs to there twice a day only from Killin.

- There is currently an informal lease agreement with the current GP Partners, which has been identified as not being sustainable for the longer term.
- The District Valuer has provided a report, confirming a market valuation of £250,000 for the freehold interest in the property.
- A price of £240,000 for the purchase of the freehold interest has been agreed.
- The valuation and the proposed purchase price both recognise and take account of the current condition of the building and its status in relation to statutory compliance.
- The owner of the property has stipulated that the purchase of the medical practice has to be concluded by the end of 2024.
- In addition to the survey conducted by the Board's Property Advisor, the premises have been inspected by the Head of Estates and Infection Prevention and Control Lead Nurse. The Head of Estates has confirmed that a refurbishment figure of between £150,000 to £200,000 should be anticipated with regards to building expenditure in order to ensure compliant accommodation. This expenditure will potentially be phased over Financial Years and in accordance with the availability of capital funding and its prioritisation in the Capital Plan.
- The Board's Property Advisor has confirmed that there are no alternative properties within Killin that would act as a suitable medical practice, even with alteration and refurbishment, for which the costs would be significant.
- The Clackmannanshire and Stirling Health and Social Care Strategic Plan 2023-33 has 5 key principles:

- Prevention, Early Intervention & Harm Reduction
- Independent Living Through Choice and Control
- Achieving Care Closer to Home
- Supporting People and Empowering Communities
- Reducing Loneliness and Isolation

- Maintaining a local Health Centre providing Primary Care services is directly aligned to these principles. Also of note is the provision of Palliative Care within Killin, the current GP Partners and their wider team are able to provide care and support within the community from the current base enabling more patients to die at home. An alternative location or remote service could compromise this, resulting in more admissions to hospital.

- Subsequent to discussion at the Performance & Resources Committee on 29 October 2024, specific consultation took place with both Health & Social Care Partnerships and the Associate Medical Director for Primary Care in relation to the question of the need to continue services in Killin in their current form and positive comments were returned with support for proceeding with the proposed purchase. Of particular note were the link to the Primary Care Contract and principle of releasing GPs from the burden of premises ownership where possible, that this would assist with future recruitment, and the ability in time to develop further proposals for co-location and service development as appropriate.

5. Implications

Financial Implications

5.1 There are both revenue and capital budget implications arising from the proposed purchase of Killin Medical Practice's premises.

5.2 Capital funding is available in 2024/25 to fund the initial purchase price of the premises (agreed at £240,000). In addition, the Head of Estates has indicated that the property requires capital expenditure of between £150,000 to £200,000 to bring the premises up to modern standards which are compliant with current healthcare standards. This expenditure is likely to be phased over Financial Years and included in the next iteration of the 5-year capital plan which is currently under development. A draft 5-year plan is expected to be available for consideration at the December P&R Committee meeting with the final version submitted to the Board for approval in March.

5.3 The overall revenue consequences arising from the purchase of the premises are affordable and are summarised in Appendix 1.

Workforce Implications

5.4 The purchase of Killin Medical Practice is intended to allow the continuation of the provision of Primary Care services to Killin and the surrounding rural area. The property will require to be maintained by the Board's Estates Department.

Infrastructure Implications including Digital

5.5 The purchase of Killin Medical Practice will increase NHS Forth Valley's property portfolio and will have to be managed by NHS Forth Valley staff.

Sustainability Implications

5.6 The purchase of Killin Medical Practice will allow the continued delivery of Primary Care services to the local community and will prevent excess travel to alternative locations.

Sustainability Declaration

5.7 Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. *(A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)*

☒ *Yes*

☐ *N/A*

Quality / Patient Care Implications

5.8 The purchase of Killin Medical Practice will allow the continued delivery of Primary Care services to the local community.

Information Governance Implications

5.9 None in relation to this paper.

Risk Assessment / Management

5.10 The Board's Property Advisor has confirmed that there are no alternative properties in Killin or the surrounding rural area that could meet the requirements of a medical practice. Given this, the purchase of the current medical practice is necessary to allow the provision of Primary Care services to be maintained from an established base and to mitigate a risk of loss of service.

5.11 The premises at Killin are centrally located within the area and therefore an effective choice for minimising travel time for both patients and clinical staff undertaking home visits and GP house calls. Any alternative location would add to financial and time pressures for service delivery in the area. A remote service outwith the area would further increase challenges of responsiveness to patient care needs, would mean less efficient use of clinical time and would compromise the principle of care closer to home for the registered patients.

5.12 Approximately 27% of the registered patients reside in the village of Killin with the remainder either in smaller villages such as Crianlarich, Tyndrum and Lochearnhead or in the surrounding rural areas. Approximately 60 patients are cross boundary patients. Given the current building ownership arrangements, it is considered a risk that GMS services may not be able to continue in the Killin and wider boundary area should the building be made available for purchase by a third party or be subject to a form of change of use. This would impact on the local population which includes elderly patients and those in pockets of deprivation given the distances to alternative provision. For noting, the Practice also plays a vital role in providing care to tourists visiting the area by way of the Temporary resident arrangement.

5.13 The current status of the compliance of the premises' built environment has been noted. Infection Control and Estates colleagues have inspected the building and remedial work and costs estimated to mitigate any risks arising from this.

Relevance to Strategic Priorities

5.14 The continuation of Primary Care services from Killin and surrounding rural areas.

Equality Declaration

5.15 The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (please tick relevant box)

☐ Paper is not relevant to Equality and Diversity
☒ Screening completed - no discrimination noted
☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

5.16 The development of the proposal has been done in collaboration and consultation with the Central Legal Office, the Board's Property Advisor, the District Valuer, Primary Care Services, both Health & Social Care Partnerships, Finance, Property Services and Estates colleagues.

Additional Information

5.17 The Performance & Resources Committee considered the proposal in relation to compliance thus far with the requirements of the Property Transactions Handbook and endorsed it, recommending that the NHS Board provide final approval subject to clarification of certain matters, which are clarified in this paper. Those matters were, confirmation of the requirement to continue services in Killin in their current form and clarification of the risk of not proceeding.

Appendices

Appendix 1: Estimated Revenue Consequences

Appendix 1 – Estimated Revenue Consequences

Estimated revenue consequences associated with the proposed purchase of Killin Medical Practice's current premises		
Detail	**£**	**Comments/assumptions**
Available budget/income		
Current Market Rent	£58,619	Existing CMR budget would be retained by the Board following the purchase of the premises.
Non-domestic rates	£3,884	Based on current budget (note this reflects the benefit of the small business bonus scheme).
Non-Clinical Waste	£2,181	Historic budget
Water/business stream	£829	Historic budget
Standard Charge income	£12,079	Estimated income from the practice as contribution towards heat, light & power following the purchase of the premises. Based on current "standard charge" rate per m².
	£77,592	
Estimated costs		
Heat, light & Power	£23,172	Based on budget for similar sized Board health centre (actual cost was c£18k last year).
Cleaning	£7,464	TBC. Estimate based on current Domestic Services budget for Killin Health Centre.
Non-domestic rates	£13,500	As per Scottish Assessors website (any scope to reduce this under various rates relief schemes is still TBC).
Non-Clinical waste	£2,171	Estimate for 2024/25 based on extrapolation of quarter 1 costs.
Washroom/janitorial services	£330	Annual charge
Clinical Waste	£966	Annual charge
Water/business stream	£1,191	Estimate for 2024/25 based on extrapolation of costs at month 6.
Capital charges	£6,000	Depreciated on a straight-line basis over 40 years (TBC by District Valuer). Assumes no increase in value from any spend to meet modern healthcare infection control standards.
	£31,622	
Net revenue surplus/(deficit)	**£45,970**	

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

14. Forth Valley Whole System Winter Plan 2024/25
For: Approval

Executive Sponsor: Mr Garry Fraser, Acute Services Director
Author: Mrs Janette Fraser, Head of Planning

Executive Summary
Preparing for winter for the whole system in Forth Valley is in line with the Health and Social Care Winter Preparedness Plan 2024/25 (Scottish Government & COSLA – September 2024). The Plan, which is a high-level summary of the plans prepared by NHS Forth Valley and the two Health and Social Care Partnerships, builds all year-round arrangements for urgent and unscheduled care and includes specific arrangements for winter in relation to unscheduled care, planned care, resilience and business continuity, winter weather, winter respiratory conditions, vaccination programme, norovirus and communications. The plan includes reference to the festive fortnight arrangements, which aim to ensure services are maintained at appropriate levels during the festive period.

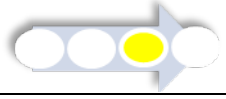
The Whole System Winter Plan is an operational plan for internal use within the Forth Valley area and it is important to note that the plan is dynamic, recognising the evolving nature of changes being implemented and responses made throughout the winter period.

The Scottish Government has issued a winter preparedness checklist, which all health and care systems were required to complete, giving a RAG status assessment against a series of statements and providing evidence for each. The Forth Valley checklist was submitted to Scottish Government on 16 October 2024.

Recommendation
The Board is asked to:

- **approve** the Forth Valley Whole System Winter Plan 2024/25.
- **note** that the Whole System Winter Plan will continue to evolve throughout the winter period.
- **note** that Whole System Winter Plan and the Winter Preparedness Checklist will be updated on receipt of response from Scottish Government.

Assurance
Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A reasonable level of assurance has been reported on the basis that the Winter Plan is aligned to the whole system urgent and unscheduled care and delayed discharge priority workstreams and provides additional assurance relating to planned responses to winter and festive period service pressures.

Key Issues to be Considered

The Whole System Winter Plan 2024/25 has been prepared, bringing together the plans of the Acute Directorate, the HSCPs and winter arrangements prepared by specialist clinical and non-clinical support services, to provide an overview of proposed arrangements for winter 2024/25.

The health and social care system in Forth Valley is currently under significant and sustained pressure from urgent and unscheduled care demand. This Winter Plan summarises the actions already underway and those planned to improve capacity and flow across Forth Valley. In addition, the Winter Plan addresses the anticipated additional pressures associated with the winter period, which includes the following:

- Managing the additional demand from increased exacerbation of respiratory conditions in the winter period
- Preparing for the potential impacts of Covid-19, flu, and RSV and also norovirus
- Delivering the winter vaccination programme to the eligible residents of Forth Valley and to health and social care staff
- Preparing for the impact of winter weather
- Ensuring availability and continuity of services during the festive fortnight and the 2 weeks following this
- Maintaining planned care capacity throughout the winter period

Much of the content of the draft Forth Valley Whole System Winter Plan was prepared ahead of publication of the Scottish Government and COSLA Winter Preparedness Plan 2024-25, which was issued at the end of September 2024. However, the Forth Valley Witner Plan aligns well to the national plan.

The COSLA and Scottish Government National Winter Properties are:

Priority One	Prioritise care for all people in our communities, enabling people to live well with the supports they choose and utilise effective prevention to keep people well.
Priority Two	Ensure people receive the right care, in the right place at the right time. This includes prioritising care at home, or as close to home as possible, where clinically appropriate.
Priority Three	Maximise capacity and capability to meet demand and maintain integrated health and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
Priority Four	Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting unpaid carers

The Winter Plan also takes into consideration local learning from previous winters and analysis of winter activity and demand data, drawn from national datasets and the local winter dashboard. A winter planning event took place in June, hosted by the Acute Director. Services and departments identified potential additional actions to improve capacity and flow, manage demand or meet the additional pressures expected over the winter period. These proposals were developed and those which are feasible, are included in the plan. It should be noted that

no additional funding has been received for winter 2024/25 and therefore winter proposals must be delivered within existing budgets.

The Scottish Government Winter Preparedness Checklist, completed by all health and care systems, provides the local response to key statements under the following 4 areas:

- Preparedness and business continuity arrangements
- Urgent and Unscheduled Health and Social Care, and Planned Care
- Primary Care, Mental Health and Social Care
- Health and Social Care Workforce and Staff Wellbeing

The Scottish Government plans to use the Checklist outputs, along with Hospital Occupancy data and the Whole System Delayed Discharge Action Plans, and other relevant data to provide them with a holistic system assurance overview, enabling benchmarking between health and care systems, sharing of best practice and support if appropriate.

The Winter Plan references escalation arrangements and how the OPEL system will be used in practice in provide real time evidence of whole system pressures, enabling immediate responses to be activated. The plan also refers to the recent closure of non-standard additional contingency beds within ward areas and the plans to further reduce contingency bed use in standard areas. This sits alongside expected reductions in the numbers of patients delayed in their discharge and the associated bed-days and improvements in discharge planning processes. It is planned to increase access to out of hospital care including increasing the capacity of hospital at home (5 additional virtual beds for winter 2024/25), roll out of call before convey, access to additional interim care home placements and implementation of discharge to assess. The further development of RACU (Rapid Access Care Unit) pathways in planned, alongside the continued development of the Acute Frailty Unit. The Planned Care Winter Plan is referenced in the Whole System Winter Plan, which through a seasonal approach, aims to maintain access to planned care through the peak winter period by ringfencing day surgery places and focussing on increased day surgery throughput, alongside maintaining urgent and cancer inpatient surgery. This will offer up 10 contingency beds for the peak winter period for urgent and unscheduled care. The planned care plan assumes a resumption of non-urgent inpatient surgery from March 2025.

Financial Implications
No additional funding has been made available for winter 2024/25. Whilst the winter proposals are expected to be delivered within budget, the contingency beds which remain in use are unfunded.

Workforce Implications
Additionality for peak periods part of all year round service planning.

Infrastructure Implications including Digital
There is a requirement to ensure that Business Continuity Plans are extant and in place.

Sustainability Implications
There is no specific reference to sustainability and climate change in the Winter Plan, however the winter plan is closely aligned to the Annual Delivery Plan which includes sustainability and climate change actions.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)
☒ *Yes*
☐ *N/A*
Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
The draft winter plan sets out actions to improve capacity and flow over the winter period, acknowledging the potential impact of winter pressures and winter weather on delivery of health and care services.

Information Governance Implications
There are no implications for Information Governance.

Risk Assessment / Management
There are no direct risks highlighted with regard to the Winter Plan, however cognisance should be taken of the current risks on the Strategic Risk Register.

Relevance to Strategic Priorities
The winter plan is a part of the Board's Annual Delivery Plan, which is aligned to the NHS Board corporate objectives and strategic priorities.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.
Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
The Executive Leadership Team and senior leaders in NHS Forth Valley and the two Health and Social Care Partnerships have contributed to the preparation of the Winter Plan.
A winter planning event was held in June 2024 to support planning, with a follow up event in October. Monthly winter / seasonal progress meetings are planned. The Winter Plan was a topic of a Board Seminar in October.

Additional Information
None

Forth Valley Health & Social Care Whole System Winter Plan 2024-25

14 11 2024

CONTENTS

	Section	Page No.
1	Introduction	3
2	Learning From Previous Winters	3
3	Escalation Arrangements	5
4	Resilience Preparedness	6
5	Urgent and Unscheduled Care	8
6	Planned Care	18
7	Festive Fortnight	20
8	Out of Hours	20
9	Respiratory Pathway	21
10	COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing	22
11	Prepare for & Implement Norovirus Outbreak Control Measures	26
12	Future Care Planning	27
13	Communications	28

1. Introduction

The draft Whole System winter plan brings together the winter arrangements from NHS Forth Valley, Clackmannanshire and Stirling HSCP and Falkirk HSCP, into an overarching plan. Preparation for the winter period is a continuous and dynamic process, therefore the winter plans are constantly being reviewed and updated in response to changing system pressures, the impact of service improvements and developments in the delivery of services.

This overarching winter plan includes learning from previous winters and an outline of the routine and additional operational arrangements for the winter and festive periods, as well as communications arrangements, flu and covid vaccination programmes and winter weather plans. The plan covers the period from December 2024 to March 2025 and also refers to specific arrangements for the festive period.

The Scottish Government and COSLA issued a Winter Preparedness Plan in September 2024, which has informed the preparation of the Forth Valley Whole System Winter Plan. The Scottish Government has also asked for assurance ahead of the winter period and a winter preparedness checklist was provided for all health and care systems to complete. This was completed by the Forth Valley Whole System and submitted in October 2024.

Seasonal risks, including those for the winter period, are captured in the Board's Strategic Risk register and therefore there is no specific risk assigned solely to winter. The relevant risks on the Strategic Risk Register include Urgent and Unscheduled Care, Workforce Plans, Primary Care Sustainability and Out of Hours Service.

2. Learning From Previous Winters

The key learning points from winter 2023/24 can be summarised as:

- Whole system capacity was already under significant and sustained pressure by December 2023 therefore left little scope to create additional capacity across the whole system. Contingency beds on the acute site were in use ahead of winter and this persisted throughout the winter period, impacting on the delivery of planned care and diagnostic services. Contingency beds in non-standard areas and patients boarded out with their specialty has led to a poorer patient experience of care and extended lengths of stay.
- Delayed discharges were too high in December 2023, moving into the winter period with an average of over 130 patients delayed in their discharge. Whilst there was much to learn from the whole system fire break exercise undertaken in November 2023, this did not have an impact of the number of patients delayed in their discharge and the number of delays continued at rates higher than the previous winter.
- Increased demand from covid, flu and other seasonal diseases was predicted for winer 2023/24 but the whole system was already working beyond full capacity, therefore the seasonal demand contributed further to the capacity pressures experienced across the whole system.

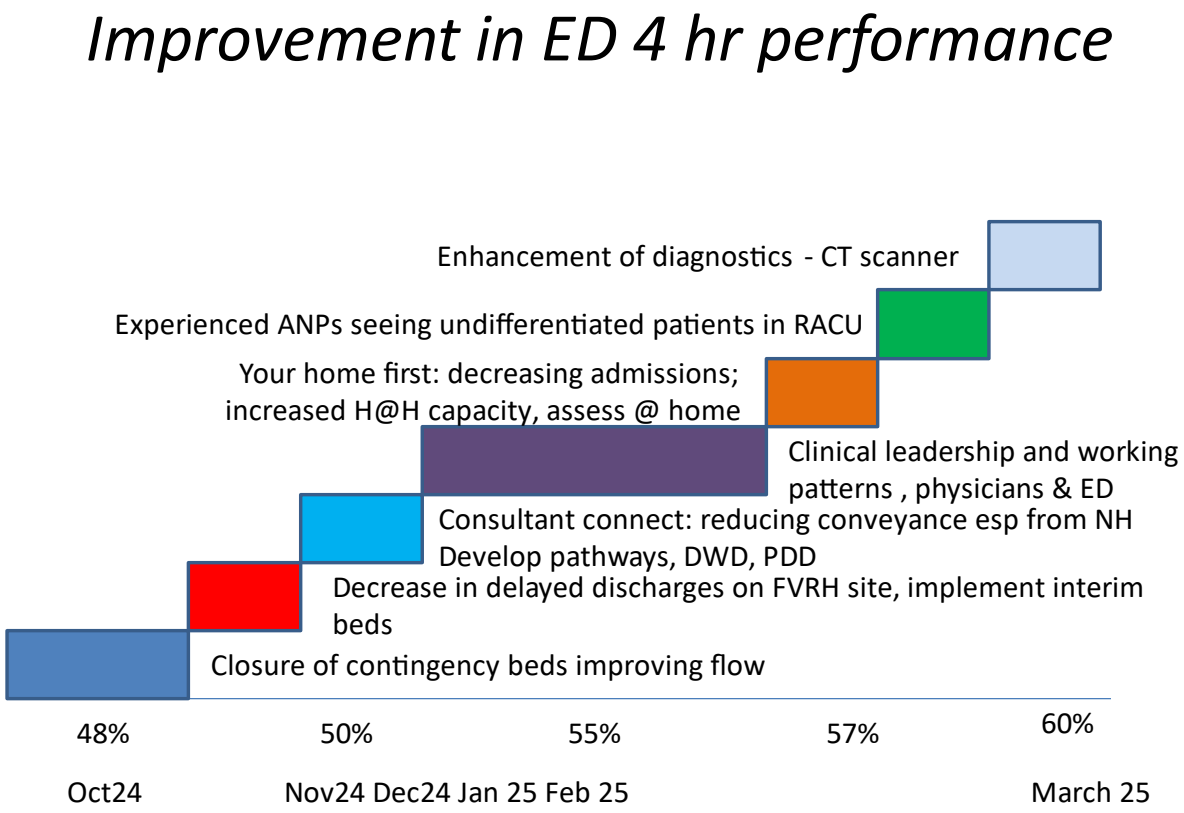
2.1 Winter Funding 2023/24

There was no winter funding allocated by Scottish Government to NHS Boards in winter 2023/24 although previous non-recurring urgent and unscheduled care funding was made recurring. The additional workforce required to support the acute hospital contingency beds last winter was unfunded. It was also necessary for other winter related costs to be absorbed by services.

2.2 Capacity, Demand and Activity

In preparing for winter 2024/25 we have considered data to help us to understand anticipated demand based in previous winters and the impact of changes in demand, capacity and activity. Key metrics were selected to provide a whole system view of areas where winter pressures are likely to have the most impact. The focus is mainly on unscheduled care, Primary Care, vaccination for preventable diseases, community services and social care. Local data has been used to indicate predicted changes in demand over the winter period and a local winter dashboard has brought key information together in an accessible way to support services' responses this winter and to support planning across the whole year. During the winter period, the Forth Valley Whole System will also access the dashboards and bed modelling information prepared by Public Health Scotland, whilst recognising the importance of using timely local data. Further work is progressing within the Whole System to identify and add key metrics for social care.

The Winter Plan is closely aligned to the plans for urgent and unscheduled care and these are summarised in the waterfall diagram below, which highlights the actions and expected improvement in relation to the 4 hour ED performance target.


Improvement in ED 4 hr performance
Enhancement of diagnostics - CT scanner
Experienced ANPs seeing undifferentiated patients in RACU
Your home first: decreasing admissions; increased H@H capacity, assess @ home
Clinical leadership and working patterns , physicians & ED
Consultant connect: reducing conveyance esp from NH
Develop pathways, DWD, PDD
Decrease in delayed discharges on FVRH site, implement interim beds
Closure of contingency beds improving flow
48%
50%
55%
57%
60%
Oct24
Nov24 Dec24 Jan 25 Feb 25
March 25

3. Escalation Arrangements

The Forth Valley health and care system continues to experience increasing levels of demand, often leading to additional pressures and stress in the system. Under times of extreme pressure, this could impact on our ability to deliver comprehensive high quality care and adversely affect the experience of local patients and staff. It is therefore essential that the system has a robust way of providing situational awareness across urgent and emergency care and across all care settings. The system needs to be able to identify and assess whole system capacity, demand, surge, waiting times and operational flow.

In order to provide real time intelligence on pressures affecting different parts of the system and put in place appropriate triggers, the Forth Valley whole system OPEL (Operational Pressures Escalation Levels) escalation tool has been developed for urgent and unscheduled health and care. The OPEL tool has sections on ED, Assessment Areas, Acute downstream wards, health and social care services provided in the community and Primary Care. The Opel system shows each part of the system and also the collective whole system, operating at 4 levels, based on agreed weighted scores for each trigger.

A number of factors could cause stress to service delivery. The most common are categorised into Staff, Supply, Demand, System Pressures, and Weather factors. For these factors a set of pre-determined triggers have been established to assist decision making, and to identifying and declaring an OPEL Level and subsequent actions. Although it is expected that the majority of events able to cause service delivery stress would fall into one of these categories, the absence of a suitable category, or indeed an appropriately defined trigger, should not prevent the declaration of a specific OPEL score if necessary. Secondly, there may be good reason for a specific OPEL score not to be declared, even though an associated trigger has been activated in one or more parts of the system. These triggers are simply to guide and support decision making and should not be followed dogmatically. Operational decisions should be made alongside clinical judgment.

4. Resilience Preparedness

4.1 Overview

An internal audit of Business Continuity (BC) Planning was undertaken in 2021 and identified areas of improvement required. All recommendations have been actioned with the exception of one, which is around updating and refreshing of all Business Continuity Plans. Business Impact Assessments are in place for the majority of services. BC plans continue to be finalised and signed off and will be reviewed by the Emergency Planning and Resilience Team on a risk assessed basis. Update reports are presented regularly to the Emergency Planning & Resilience Group.

The Emergency Planning and Resilience Team engage in discussions to inform winter preparedness alongside the NHS Board's Planning Team. All senior on-call managers in NHS Forth Valley have undergone Major Incident training response and familiarisation of the Major Incident Plan. The Major Incident Plan and Pandemic Plan have been updated and tested, due to events over the last few years. In addition, table-top exercises have tested the Emergency Department response to Major Incidents along with other plans which were updated in advance of the UCI world cycling championships held in 2023. More recently, a national exercise was held around Major Incident Mass Casualty response which NHS Forth Valley participated in.

NHS Forth Valley were invited to take part in the recent 'Severe Weather' Tabletop Exercise facilitated by Falkirk Council in August 2024. This was an opportunity to test all the multi-agency partner plans (including NHS Forth Valley) which dovetail into the Local Resilience Partnership and local agency plans in response to a severe adverse weather incident. This provided an opportunity to work in partnership with Falkirk Council, Falkirk HSCP, NHS Forth Valley, Emergency Services, SEPA, Voluntary and Third Sector Interface etc to highlight what each agency can provide to support each other.

A further Local Resilience Partnership Care for People 'Weather related' Table-top Exercise took place in September 2024 to test existing Local Authority/NHS Forth Valley /HSCP plans and processes to ensure robust arrangements are in place for the adverse winter weather conditions. This included testing access to mutual aid (cross boundary), resources, and call-out lists in response to a weather-related incident 'Out of Hours.'

4.2 Business Continuity

Work is ongoing to progress resilience with service Business Continuity Plans across NHS Forth Valley and HSCPs along with training and exercising.

4.3 Pandemic Plan

The Forth Valley Pandemic Plan includes service critical functions to allow a staged approach. This plan was signed off in March 2022. Regional discussions are taking place with East Health Protection Directors of Public Health to ensure a consistent approach between East Region Boards.

4.4 Local Resilience Partnership

NHS Forth Valley are committed to the Local Resilience Partnership working. This would be the first stage in escalation requesting mutual aid, prior to any Military Aid request to Civil Authorities (MACA) which is also an option once other contingencies have been exhausted. This has not been needed or requested since the COVID-19 pandemic response.

In 2021, IJBs were included as Category 1 responders under the Civil Contingencies Act. In line with this, the Chief Officers, Heads of Service, Chief Financial Officers, and Locality Managers are invited to attend the Bronze, Silver and Gold Command meetings when required.

NHS Forth Valley and the two Health and Social Care Partnerships are members of the Local Resilience Partnership (LRP). Should risks be realised, the LRP would be enacted and mutual aid and support offered from partner agencies. Previous experience of successful partnership working include the response to Storm Arwen in November 2021, preparations in advance of the UCI world cycling championships in August 2023 and a response to severe flooding in the Aberfoyle area in October 2023.

4.5 Winter Weather

The Human Resources Department issues winter working arrangements in line with DL(2019) NHS Scotland: Interim National Arrangements for Adverse Weather, which is available to on the staff intranet.

Met Office weather warnings are issued routinely to key staff for onward distribution and operational preparedness. Red/Amber alerts are communicated to patients around expectations of attending appointments etc during severe weather by the Communications Department.

Arrangements are available through NHS Forth Valley transport hub. Additional 4x4 capacity may be provided by rental during the winter period. There is also access to 4x4 voluntary support from Trossachs Mountain Rescue and Lothian 4x4. A MACA request is also an option should all other avenues be exhausted.

Websites and social media accounts are in place where information and advice can be added and updated quickly. Health Records staff can also contact patients via telephone, letters, or send text messages via the Netcall system.

5. Urgent and Unscheduled Care

A whole system approach is essential to the overall implementation of the winter plan, and in particular the actions relating to urgent and unscheduled care, in Acute Services and the two Health and Social Care Partnership. Flow through the acute site is interdependent on all parts of the Forth Valley system contributing. From pre-hospital care to discharge into community, the winter plan interlinks with and builds on the Urgent and Unscheduled Care improvement plan.

The following actions outline where the Teams have identified areas that they can make improvement and undertake different processes with no additional funding. That said if demand rises with certain medical conditions and diagnostics required, there would be an increase in costs.

A summary of the work underway is listed below:

- Whole system working to increase timely discharges and reduce delayed patients on the acute site
- Introduce the OPEL tool for live data monitoring to aid decision making
- Realign the senior on call arrangements to provide additional support out of hours
- Produce an agreed escalation plan
- Review shift rota cover including public holidays to best meet patient demand
- Increase imaging and pharmacy capacity
- Ensure our staff are appropriately protected with face fitting and vaccinations
- Review staff and public communications going into winter

Following a winter planning workshop in June 2024, and with staff having had time to reflect on the workshop, a summary of the actions which teams are undertaking for this winter is below, along with the expected impact.

Area	Action title	Impact	Target date
Acute (generic)			
Acute Services	Implement OPEL Tool	Provide an organisational view on the pressures within the whole of FV on a daily basis. This will give a whole system scoring due to the system pressures	End of September 2024
Acute Services	Physician rota	Provide improved medical cover within medicine, increasing consultant cover across the medical rota including Acute Assessment Unit	November 2024
Acute Services	Managers on call rota	Provide more managers on the duty manager rota and develop a new senior manager on call rota to underpin Urgent and Unscheduled Care	September 2024

Area	Action title	Impact	Target date
Acute Services	Whole system escalation protocol	To have an agreed escalation protocol with aligned actions as winter pressures increase	October 2024
Acute Services	Review communications messaging	Ensure that robust public communications are provided	November 2024
Acute Services	Face fit testing	Ensure face fit testing continues	September 2024 on going
Acute Services	Public holiday service arrangements (AHP, Pharmacy, nursing, medicine)	Increase service delivery based on occupancy and demand over public holidays	Varied depending on service.
Front Door			
ED Minors/ Minor Injury Unit (MIU)	Work with ED nurse educator to increase safe redirection in Out of Hours period of minors to scheduled appointments the following day.	Reduction in Flow breaches overnight	Initiate Sep 2024 For winter & beyond
ED Minors/ MIU	Reinforce and standardise suitability for redirection from ED to MIU for Emergency Nurse Practitioner pathways.	Reduction in variation in inappropriate MIU redirections and increase overall in redirections to MIU.	From Nov 2024
ED Minors/ MIU	Refresh communications on appropriately accessing minors service	Increase in MIU scheduling	From Sep 2024
ED	Consultant Connect phased implementation	Reduction in SAS conveyances to ED	From Jun 2024
ED/ OOH	Formalise ED to Out of Hours redirection pathway for appropriate patients	Increase in ED redirections and improvement in 4-hour Emergency Access Standard	From Nov 2024
ED	Option to add Senior Decision Maker twilight shift over core winter months to improve management of queue, support rapid clinical review & enhanced triage	Reduction in backshift queue building in ED. Staffed Senior Decision Maker triage into twilight.	Recommended to commence ASAP if funding can be supported.
CAU (Clinical Assessment Unit)	Increase in Consultant Acute Medicine presence in CAU	Reduction in CAU time to Consultant Review. This is a result of the physician rota review	From Nov 2024
AMU (Acute Medical Unit)	Improved AMU patient communications, leaflets etc – what to expect when attending AMU.	Better informed patients	From Oct 2024

Area	Action title	Impact	Target date
AMU	Complete AMU Nurse coordination project	Improved flow and coordination through the AMU and interface with other services.	From Oct 2024
Women and Children			
Paediatrics	No paediatric clinics or paediatric ambulatory care planned on festive days. If acute paediatrics is under pressure, staff would be moved to support, and elective workload paused. If any capacity issues over the winter period, elective admissions will be paused and Paediatric day case beds will be utilised. OPD activity will be reduced as necessary to support acute service delivery.	PDU is closed on 25/12/24, 26/12/24, 1/1/25 and 2/1/25 and space to be used for ward overspill Contingency planning is in place.	From Oct 2024
Paediatric Day Unit (PDU)	Identify an area to support acute admissions within the service.	PDU	From Oct 2024
Community Children Nursing (CNN)	No service on Public Holidays	Contingency planning is in place.	Dec 2024 / Jan 2025
Complex care	Business as usual (BAU)	Contingency planning is in place.	Winter period
CAMHS	ICAMHS Service on public holidays		
Neonatal	No changes to service. BAU for inpatients, if capacity was an issue, link with other units via the network, and initiate contingency plans. Outreach visits could change to telephone support or in-reach if staffing was an issue.	Contingency planning is place	Festive break only
Obstetrics – inpatient	Review scheduled Induction of Labour to ensure appropriateness	Reduce cancellations. Better patient experience	From October 2024
Obstetric - outpatient	Consider converting some antenatal / postnatal appointments to telephone as clinically appropriate. Identify essential antenatal and postnatal visits & review appropriate professional	Reduce cancellations	From October 2024

Area	Action title	Impact	Target date
	to visit. Consider converting some antenatal education classes to virtual.		
Gynaecology - outpatient	Consider reducing benign gynaecology clinics and focus on suspected cancer clinics. Convert some appointments to virtual as clinically appropriate	Ensure high risk patients are seen	From October 2024
Gynaecology Theatre	Consider reduction in benign gynaecology theatre cases to support suspected cancer cases	Increase bed capacity and potentially support obstetric theatre cases.	From October 2024
Termination service	Consider opening longer hours. Review of Telemed service and reduction in face to face appointments.	Increased access for patients	From November 2024
Workforce	Staff vaccination programme access. Provide designated face fit testing for staff in department.	Support health to reduce potential absence rates. Staff prepared to care safely for patients with expected increase in respiratory infections. Promote wellbeing, resilience and staff retention	From September 2024
Immunisation Team			
Immunisation Team	Peer vaccination model/Acute role out- Requires buy in for Acute service to ensure model of delivery embedded	Increase access for staff vaccination opportunities. Monitor and report on uptake.	From Sept -mid Dec 2024
Immunisation Team	Delivery of new RSV vaccination programme Aug/Sept	Aim to reduce admission of >75 with RSV or less severity of illness	Winter /RSV season 24/25
Immunisation Team	Change % AL allowed to maximise peak programme delivery with available workforce	Increased workforce capacity to allow SG targets for vaccination programme delivery to be met	From Sept 16th – mid Dec 2024
Immunisation Team	Drop-in availability across community vaccination hubs to support 6 days per week 12 hours per day access for vaccinations for staff	Higher uptake of vaccinations due to no restrictions on access to appointments.	From Sept 16th – mid Dec 2024
Pharmacy			
FVRH front door pharmacy service	AAU pharmacy resource allocated preferentially ahead of CAU & ED, historically. CAU & ED have no pharmacy support. Identify where pharmacy has biggest	Improved mapping of pharmacy resource to area of greatest need within front door footprint.	Data collection October - November 2024

Area	Action title	Impact	Target date
	impact within front door footprint. Understand pharmacist intervention rates and impact of interventions in AAU, CAU & ED. Plan to cover where pharmacy resource has biggest impact.		
COVID Ultra High Risk (UHR) pathway	Eligibility criteria due to expand. Group set up to make recommendation on how to deliver Covid-19 UHR service to up to 5x as many patients as at present. Scoping to consider options.	Explore community and primary care options. Benefit will be in future winters.	SLWG being set up September 2024, with recommendations Feb/March 2025.
Respiratory Pharmacist Outpatient Clinic	Trial pharmacist led respiratory consultations with aim of increasing capacity/support for respiratory conditions Help manage waiting lists, and keep patients well and out of hospital.	Improved capacity and resilience within the respiratory team. If the trial is successful, there may be the opportunity to make this a permanent service.	To be confirmed-aiming November 2024
New Years Day Pharmacy service	Trialling different New Years Day service. Historical service is 10am-2pm, with staff in dispensary only. Seeking volunteers to cover the dispensary 9 till 5, and for 2 volunteers to be at front door and hold central pharmacy pager, which all wards and inpatient areas have access to for clinical queries.	Improved site capacity to process discharges on New Years Day, and for urgent medicines related queries to be resolved. There is the opportunity for the staff based at front door to support OOH team this day too.	1st January 2025
Pharmacy First and Pharmacy First Extension Service within Community Pharmacies	New posters and advice cards developed and distributed to Community Pharmacies and GP Practices. Information sent to education leads for each council with request to distribute via school email lists to all parents and carers of school aged children in FV.	Increased awareness of the service leading to reduction in presentations at OOHs and GP practices for common clinical conditions	From September 2024

Area	Action title	Impact	Target date
Referrals to Pulmonary Rehab and COPD Reviews within Community Pharmacy	Community pharmacists will complete COPD reviews with patients and provide education and onward referral to pulmonary rehab. Delivered along with local COPD service where patients can access rescue antibiotics and steroids from community pharmacy.	Reduction in the number of patients experiencing an exacerbation of COPD	From Nov 2024
Extending opening hours of Community Pharmacy	A select number of community pharmacies able to offer Pharmacy First Plus (independent prescriber who can prescribe for extended range of common clinical conditions) will open from 10am until 5pm on a Sunday	Reduction on the number of presentations to OOHs during this time.	From Nov 2024 – Sundays initially for a 6 week period during winter
Out Of Hours			
Out of Hours	Use of room 11 (UCC) as infectious control room e.g. measles, covid	Prevent patients having to access waiting area which reduces risk of spreading infections	From September 2024
Out of Hours	Use of appropriate staff resource to ensure patients receive right care by right person at right time	Ensure best patient journey with focus on unnecessary multiple demand on service and wider system	From September 2024
Out of Hours	Encourage and promote staff Vaccinations (flu/covid) across the team	Minimise staff sickness and absences over winter period	From September 2024
Out of Hours	Integration of night nurse community team into OOH service	Establish enhanced joined up OOH provision maximising community treatment & better patient experience	From August 2024
Out of Hours	Increased awareness of community services and partnership working	Further develop health and social care partnerships to deliver right care at right time by right person strategy	From September 2024
Out of Hours	Development of A&E protocol and patient pathway	Where appropriate redirect patients to OOH to reduce pressures on ED. Better patient experience	From September 2024
Out of Hours	Streamlined access for email referrals to/from other specialities and services e.g. lab results, Care Homes	Better patient experience, reduce wait times and unnecessary multiple demands on the service and wider system	From August 2024

Area	Action title	Impact	Target date
Surgery			
Surgery/ theatres	Agreement reached to increase level of annual leave over festive period for theatres and reduce activity to emergency and cancer cases only for Public Holidays. The remaining 5 weeks will see an increase in the daycase activity and reduction in the requirement for overnight beds.	This will help to reduce on the day cancellations and increase bed capacity for urgent and unscheduled care during peak winter months. Better patient experience.	From 24th December 2024-February 2025
Surgery/ Theatres	A new flow process will be established through Recovery during winter. This will make the most efficient use of the area during capacity challenges on site.	This will ensure day case activity is maintained.	December 2024-February 2025
Radiology			
Radiology CT	Explore provisions of additional CT capacity for IP: increased to x40 pts per day.	Explore feasibility of increasing access for patients out of hours, IP scanning lists can spill into 5pm-8pm period. Emergencies run 24/7 as BAU. Continue with CT Van to support OP activity to allow extra capacity for IP each day.	Start 1st Nov 2024 24 End 1st March 2025
Radiology Ultrasound (US)	Additional US capacity	Slight reduction in waiting times patients, therefore slight increase in waiting times. Additional 192 scans over a 16-week period provided within existing resources.	Start 1st Nov 2024 24 End 1st March 2025
Radiology MRI	Reduce number of non-urgent inpatient requests to create additional urgent capacity. Re-evaluate slot allocation using needs assessment. Consider feasibility of additional inpatient scanning over the weekend.	Explore feasibility and costs.	Start 1st Nov 2024 24 End 1st March 2025
Laboratories			

Area	Action title	Impact	Target date
Pathology	Ensuring staffing levels if adverse weather was to occur	Consultant pathologist have work stations at home and would be able to take work home Triage system in place ensuring all urgent/ query cancer samples are processed. Contingency SOP in place	All year
Mortuary	Potential increase in deaths	Mortuary has 101 fridge spaces and 3 PM bench therefore capacity has never been an issue for FV. On occasions have provided mutual aid to other Boards Contingency plans set up with NHS Fife. Part of East Resilience and temporary mortuary available if required	Winter months
Haematology/ Transfusion	Festive staffing	Implement standby rota for staff over festive period to ensure continuity of rotas	Festive period
SAS			
Scottish Ambulance Service	Change in hours in relation to Patient Transport Service discharge vehicle	Better meet the discharge profile through the winter, increasing flow	November 2024
Scottish Ambulance Service	Agreed time period with FV that over Winter all patients with minor injuries to attend Stirring MIU.	Reduce Minor Injury attendances at FVRH and increase capacity on site	November 2024
Patient Relations			
Patient Experience	Proactive information / standardised bed board re contingency bed spaces	Improved patient experience, local resolution of concerns and reduced volume of complaints	From Oct 2024
Patient Experience	Heightened patient experience team footprint at front door.	Improved patient experience, local resolution of concerns and reduced volume of complaints	From Oct 2024
Volunteers	Increased volunteer footprint at front door for refreshments, befriending and support and wayfinding	Improved patient experience, release of professional workforce capacity	From Oct 2024
Patient / staff Experience	Improved signposting to feedback mechanisms (patient and staff) to capture improvement opportunities in real time	Improved patient experience, local resolution of concerns and reduced volume of complaints, rapid learning opportunities	From Oct 2024
Mental Health			

Area	Action title	Impact	Target date
Mental Health	Change to vaccination programme	Increased uptake of vaccinations as vaccinations for older adults will be completed by immunisation team.	From October 2024
Falkirk HSCP			
Home First Falkirk	Increase care home capacity within Falkirk area for interim placements. Potential capacity of up to 16 interim care home beds to support adults with a move from community and acute hospital sites. This resource will be suitable for adults who are waiting for their choice of care home.	Reduction of care home waits within the acute, intermediate care and community hospital sites. Increased flow of patients to care home placements.	From October 2024
Home First Falkirk	Test of Change - short term assessment at home (up to 21 days). Providing support throughout the day and night, and assessment to people who are leaving hospital. Assessment of their ability to remain at home with support.	Earlier identification and discharge of patients. Support a more positive discharge profile from front door areas (such as emergency department, AAU areas and CAU). Informed decisions about appropriate long-term care to be taken at home rather than a hospital setting. Reassurance for carers and relatives. Increased quality of life and wellbeing of patients by supporting them to live as independently as possible in their own homes. Prevent admission of people who do not require acute care in hospital. Support decision making which considers alternative pathways to support. Education of demand on community bed placement /requests at the front door as appropriate. Reablement approach to assessment and care provision. Consideration of a single point of contact via the Integrated Discharge Hub. Clear communication and vision statement around the service. Clear pathways	From December 24
Home First Falkirk	Short Term Lets – Housing with Care x 2	Supporting the reduction of housing delays across acute and community sites Providing a temporary option to support with issues such as property, condition,	From September 2024

Area	Action title	Impact	Target date
		repairs, clearances and cleans. Providing a temporary option whilst working in partnership with housing.	

5.1 Urgent & Unscheduled Care (U&USC) Programme

The whole system Urgent and Unscheduled programme is focusing on the following key areas, all of which are important to demand, capacity and patient flow over the winter period, with the improvement areas contributing to the winter plan:

- Flow Navigation Centre: implementation of Consultant Connect, scheduling care to Minor Injuries Unit, Development of Rapid Access Care Unit (RACU) to ensure people are directed to the most appropriate care setting.
- Hospital at Home: Hospital at Home capacity, Outpatient Therapy at Home (OPAT), Community Heart Failure Service and Community Respiratory Services, supporting more people to be cared for at home and reducing the time people may need to spend in hospital.
- Front Door: Front Door Target Operating Model. ED Triage Model, Redirection and Signposting from ED, Breach Analysis, Acute Medical Unit redesign to support right care, right place, right time.
- Optimising Flow: Dynamic Daily Discharge, Planned Day of Discharge, Ward Planning, Discharge without Delay, Day of Care audits and Integrated Discharge Service review

Governance and reporting arrangements are in place via the whole system Urgent and Unscheduled Care Programme Board.

A collaborative whole system urgent and unscheduled care steering group provides senior leadership, assurance and connects U&USC workstreams, capacity actions and winter planning, to provide consistency, address any gaps identified, connect cross cutting work, and avoid unnecessary duplication.

5.2 Whole System Operational Arrangements

Weekly whole system meetings involving senior leaders from health and social care are in place to support decision making, resolve challenges, respond to and adapt to changes and emerging issues all year round, including the winter period.

Within Acute services, effective communication is in place between the patient flow site team and on call team. A risk matrix for surge planning for wards and ITU is in place, aligned to the OPEL escalation tool. Safety huddles are in place and the whole system escalation tool is used at the huddles to clearly identify the pressures in each part of the system and the actions required. Regular winter site operational meeting are in place and the meeting frequency will respond to requirements.

Robust acute hospital site management and communications system is in places, with Emergency Physician in Charge (EPIC) and Nurse in Charge (NIC) in Emergency Department, Flow Coordinators, Operational team and Duty Managers all in operation. EPIC and NIC roles are in place 24/7 and in addition there is senior nurse support on site and from home out of hours.

5.3 Contingency Bed Use

The use of contingency beds is ongoing. Although the non-standard ward-based contingency beds were vacated by August 2024, the use of standard contingency area beds continues. The aim is to gradually step back from contingency beds through a programme of Urgent and Unscheduled Care improvement and a whole system focus on discharges and alternatives to admission. During 2024 a temporary Acute Frailty Unit has been established, with a positive impact, enabling more patients to be discharged earlier home or to an appropriate place of care. Work is also being progressed to improve discharge planning and processes alongside the work of the integrated discharge team, supporting patients in the acute hospital to progress to the most appropriate place of care, at the right time.

The Planned Care Winter Plan (section 7) frees up a further 10 beds during January / February 2025 which can be made available for contingency use should this be required, without the need to cancel planned activity.

6. Planned Care Plan

The Planned care team have investigated the potential changes that can be made to support site pressures during winter while protecting essential access to theatres/surgery for emergency, cancer and urgent patients.

The ‘Hospital within a Hospital’ model was established during the pandemic to protect elective surgery for NHSFV patients. This resulted in ringfencing 24 beds within the day surgery unit as the total footprint for all elective surgery. Surgical wards B11, B12 and B23 have only received unscheduled admissions since this model was established.

As Covid-19 restrictions were reduced, beds within the unit were used for boarding purposes as delays increased on site. Last winter 2023/24 required a significant number of these beds to be used for medical boarders when the site was in extremis. This had considerable impact on surgery with many lists being cancelled on the day due to lack of bed capacity.

The current FVRH acute care ward footprint has seen the removal of all non-standard beds (5th bed in 4 bedded bay). . This has been successful so far and the number of medical boarders in the surgical footprint has been reduced. However, there has been an increase in unscheduled surgical admissions which has seen the surgical footprint maximised with surgical boarding into Day Surgery Unit beds.

In order to secure beds for essential surgery during winter this year 2024/25 a level of protection for surgical beds will be required.

The following proposal will ringfence the necessary surgical beds and will provide beds to offer to the site as surge capacity.

- Day Surgery Unit (DSU) will ringfence 14 beds for all emergency/trauma, cancer and major urgent cases during winter.
- This will leave 10 beds unstaffed as unscheduled care surge capacity.
- B11/12 will receive non-complex 23-hour elective stays into a designated area on the ward. This will be reduced at times of surgical surge for unscheduled admissions. This will require 'Surgery' to take ownership of their flow and ensure the discharge profile matches the requirements whenever possible.
- B23 will remain as a trauma orthopaedic ward only.
- Interim National Treatment Centre B12 will require all 14 beds to support external patients and support NHS Forth Valley orthopaedic elective patients. The 6 side rooms will also support other 'clean' surgery at times of surge.
- The use of the recovery area within the theatre suite will be redesigned to support admission of all surgical cases, provide a stage 1 recovery area and provide admission and discharge space for all day cases. This will support the use of DSU beds for all patients other than day case.
- These changes will commence from 1st December 2024.
- In order to support the site during the most challenging period, elective cases will be reduced over the festive period (23rd December 2024 to 6th January 2025).
- Electives day cases will be increased during January and February 2025 to reduce the need for overnight beds but still maintain a reasonable level of surgical activity.

The benefits of this plan are

- Fewer cancellations therefore better patient experience
- Optimise theatres over winter
- Protect 14 beds for day surgery throughout winter.
- 10 surge beds made available staffed by medical nurses, therefore better experience for urgent medical admissions
- Essential that ward A11 maintained for inpatient surgery throughout winter

However, this will result in some increases in waiting time over the winter for cases requiring an inpatient stay, but inpatient surgical activity will increase after the winter period.

7. Festive Fortnight

Festive period arrangements are well established with multiagency process in place involving all Category 1 Responders, with Risk Assessments conducted by Safety Advisory Groups led by the Local Authorities

Festive rotas for on-call managers will be agreed and signed off at both strategic and tactical level across the whole system. Increased workforce will be in place in the patient flow team to ensure patient flow on each shift appropriately covers the arrangements in place for managers across all services.

Clinical staff rotas are being developed and agreed in conjunction with senior medical manager to ensure full cover for services. Nursing, AHP and support service workforce rotas are in place for the festive period. The HSCPs will ensure cover for all delegated services. There are discussions in place to ensure that all staff groups that are required to provide a service undertake this.

All urgent and emergency services will be monitored throughout this period and a monthly winter review group will be established.

Staff rotas are reviewed for the 2 week post festive period and additional capacity built-in, including close management of annual leave and support from services that traditionally close at Christmas and New Year, and in the days immediately following the public holidays.

Arrangements are well established with multi-agency arrangements, for example the process in place involving Child Protection and for urgent patient Transport (SCOTSTAR).

8. Out of Hours Services

The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. The OOH Service regularly reviews activity figures, capacity, and demand to support planning and operational delivery.

The OOH Service is operating with a full staff compliment which is supported by a team of regular sessional clinicians. The service has a strong working relationship with the Scottish Ambulance Service to support joined up working with SAS Advanced Practitioners who work within OOH at agreed peak times to complete home visits to support GPs and ANPs, to complete phone triage and transfer to centres. In addition SAS staff can call the GP OOH service for advice to maximise treating patients in their own homes and reducing or eliminating unnecessary hospital attendance or admission.

A workforce of health care support workers provide support to the OOH clinicians including going out to patients' homes to complete basic observations on patients, allowing clinicians to complete a full assessment remotely when necessary. Professional to professional advice is available in the out of hours period, whereby OOH clinicians can speak with specialists at FVRH. Nursing homes call direct to GP OOH services for

advice. Police and the Prison service can contact the Flow Navigation Centre for advice. There are Community OOH Nurses working with the Flow Navigation Centre, who support patients with palliative care needs in their homes. There is a Paediatric ANP to support training and reviews of paediatric work flow.

Direct referrals between services is in place. For example there are clear established accessible pathways between OOH and mental health specialists throughout the OOH period and this includes the festive period. OOH also provides staff to support mental health referrals being diverted where appropriate. OOH clinicians can refer directly to the Hospital at Home Team to prevent admission into FVRH. OOH can appoint any minor injuries to a scheduled appointment at Minor Injuries Unit for any patients that are considered appropriate. Patients can also be directed to RACU. OOH have developed a working relationship with ED with an agreed pathway to support and where possible reduce the pressures at the front door for non-urgent cases to be re-triaged to OOH within specified time periods and capacity within OOH.

The OOH services continue to work closely with staff bank to ensure gaps in the rota are made available to the bank of sessional staff. This includes reacting to unexpected absences notifications received at short notice. OOH team continue to work closely with the Flow Navigation Centre to prevent inappropriate hospital admissions and support early discharges where possible.

Care Homes have direct access to the Flow Navigation Hub and calls are directed as appropriate to District Nurses, Community OOH Nurses, OOH and ED. There is a Clinical Nurse Advisor available 24/7 in the hub. Care home liaison nurse are available in Forth Valley supported by GP Practices, for patients, with established processes for daily contact for routine and urgent matters. The method of care provided will be patient needs based with remote support available. Arrangements for appropriate ACP and KIS are in place. The OOH service supports the CHART team with nursing home visits at the weekend.

Dental OOH service is in place and NHS 24 will signpost patients. General Dental Practices provide their own out of hours messaging and services to patients.

9. Respiratory Pathway

There is an effective, co-ordinated respiratory service provided by NHS Forth Valley. Processes are in place for referral from community services, primary care, and acute services to respiratory service. There are close working relationships between the respiratory team and palliative care in the hospital and community. Patients with respiratory conditions are referred to community palliative care services via the respiratory team. A respiratory pathway has been implemented with the SAS to support patients in their own home. Existing virtual capacity is being bult on to ensure support for patients at home is maximised.

A defined cohort of patients with severe disease, on oxygen therapy, is monitored by the specialist nursing team. The Team work with patients and Primary Care colleagues to prepare future care plans, in partnership with the Palliative Care team. These plans are added to KIS, accessed via the clinical portal and can be accessed by the Flow

Navigation Hub and Scottish Ambulance Service. For the most at risk patients identified as a result of regular exacerbation, primary care provides emergency medicine to hand.

Primary Care identifies patients and manages care, with input from specialist Respiratory team. The use of SPARRA is not universal through Primary Care. However, Primary Care use a variety of date sources, including frailty scores, SPARRA and knowledge of individual patients to identify those most at risk. They will be discussed at regular palliative care meetings.

Discharge planning is in place for people with respiratory conditions and the NHS FV checklist for discharge includes medication review, ensuring correct use and dosage of medications including oxygen, good inhaler technique, advice on supports available from community pharmacies and general advice on keeping well, including importance of immunisation for flu and Covid.

Patient information booklets are provided, including visual prompts and links to web-based videos e.g. demonstrating inhaler techniques. Contact number for nurse specialists is provided and signposting to pharmacists, who can also demonstrate inhaler technique.

Pathway for referral for assessment for O2 is in place with clear processes. Arrangements are in place for access to oxygen concentrators and emergency plans are in place to enable patients to receive timely referral to home oxygen services over the winter and festive period. Contingency arrangements and back up in place for oxygen therapy, supported by Health Facilities Scotland. Pulse oximeters are provided for patients to self-manage and monitor at home, with clear instructions on how to respond to changing levels. Oxygen alert cards are provided for all O2 users.

10. Covid -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing

10.1 Covid-19 and Seasonal Flu

Influenza monitoring continues by the Infection Prevention and Control Team (IPCT) and all relevant stakeholders will be informed of increases in case numbers in the community and throughout Scotland. The Infection Control Manager will provide updates of case numbers in relevant governance meetings throughout the season.

The Microbiology Consultants and IPCT have worked with teams to agree flu and Covid-19 pathways. Admission pathways are also established within Paediatric receiving areas. The children's ward has a winter surge plan which would be followed if required. Admission pathways are in place in acute receiving areas. Daily support from IPCT will assist in supporting ward staff in acute and paediatric areas, in the appropriate placement management to ensure patient safety is optimal.

Staff from high-risk areas where aerosol generating procedures (AGPs) are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards are fully aware of all Infection Prevention and Control policies

and guidance. FFP3 face fit testing and training in the use of PPE for the safe management of suspected Covid-19, RSV and flu cases is in place and services are responsible for ensuring that training is up-to-date. Training is provided for any newly recruited staff and face fit testing arranged. Policies are updated routinely and are readily accessible.

The NHS Forth Valley Microbiology laboratory can test for Covid-19, Influenza, RSV and Norovirus in the event of an outbreak using current tests and contingency plans. Routine asymptomatic testing for Covid-19 has been paused, see SGHD/CMO(2023)12 for details.

All admissions are triaged for symptoms of Covid-19. Patients admitted with respiratory symptoms are tested accordingly. Symptomatic patients still require testing, which is available through the Point of Care stream or from the Microbiology lab. All symptomatic admissions are tested for Covid-19 and Influenza as per guidelines. Covid-19 & Influenza A/B PCR testing can take place 24 hours a day for symptomatic unscheduled admissions for ages 6 and over in the Point of Care stream, or via the Microbiology Lab during opening hours. Under 6 year olds who are symptomatic and admitted can be tested for RSV / Influenza / COVID-19 through the Point of Care stream.

Staff looking after patients in the community (such as Complex Care) would wear appropriate PPE in the home, if we knew the patient had a positive result, especially if they were doing AGPs. These patients may possibly be admitted due to a clinical need if they had a positive result, as they are often quite unwell.

With regards to the Children Community Nursing team, unless there was an absolute need for a home visit, the team would follow up by telephone. Again if required to do a home visit, staff would wear appropriate PPE.

Screening of non-symptomatic patients will be performed as directed by the IPCT/Microbiologist. Asymptomatic testing is not routinely performed. Routine screening of contacts and asymptomatic patients for Covid-19 has been paused.

10.2 Immunisation

Immunisation remains one of the most important preventative measures. Achieving the highest possible coverage is crucial to protecting the health of the public through the winter season. The 2024/25 winter season is notable in that it is the first year of the two new RSV programmes. One arm aims to protect infants by vaccinating pregnant women, and the other offers protection to some older adults.

The objective of winter vaccination is to protect those in society who are more at risk of severe disease from seasonal vaccine-preventable disease, to prevent severe illness, hospitalisation and death. This will also reduce pressures on NHS and social care services during the winter period.

As we move beyond the pandemic response the Joint Committee on Vaccination and Immunisation (JCVI) continually reviews the latest evidence and makes recommendations regarding those who health authorities should offer vaccines. There is

a focus on targeting seasonal vaccinations for the maximum overall benefit. As such there have been some changes to the offering, notably the ending of the offer of influenza vaccine to those aged 50-64, teachers and prison staff.

The emerging evidence is such that the indirect benefit of the Covid-19 vaccine (vaccinating an individual in order to reduce the risk of severe disease in other people) is less evident. As such the JCVI have not recommended vaccinating frontline HSCWs this year, however the Chief Medical Officer has recommended continued this offering for the 2024-25 winter season within Scotland.

As in recent years, there are groups who will receive the Covid-19 and influenza vaccine, including residents in care homes for older adults, those aged 65 and over, and individuals in clinical risk groups including pregnant women. Frontline health and social care workers, and staff in care homes for older adults, will also be offered both vaccines this year. There are also groups who will receive the flu vaccine alone, as specified in the Green Book and CMO letters.

Eligibility

Group	Covid-19	Flu
65+	**Yes**	**Yes**
Residents in care homes for older adults	**Yes**	**Yes**
6 months – 64 years at Covid-19 clinical risk	**Yes**	**Yes**
Staff in care homes for older adults	**Yes***	**Yes**
Frontline Health and Social Care Workers	**Yes***	**Yes**
Non-frontline NHS workers	**No**	**Yes***
18-64 years with an eligible flu-only clinical risk condition	**No**	**Yes**
Unpaid carers (including young carers)	**No**	**Yes**
Household contacts of those with immunosuppression	**No**	**Yes**
Asylum seekers living in Home Office hotel or B&B accommodation	**No**	**Yes***
Those experiencing homelessness	**No**	**Yes**
Those experiencing substance misuse	**No**	**Yes***
All prisoners within the Scottish prison estate	**No**	**Yes**
Poultry workers	**No**	**Yes**

*** SG Policy decision – not advised by JCVI**

Materials to promote vaccination are created, coordinated and shared nationally by the Scottish Vaccination and Immunisation Programme (SVIP). This includes paid-for media campaigns, social media and traditional media including posters. Forth Valley

communications go out to partners, via social media, and other direct mechanisms, to encourage and promote vaccination. It is recognised that an inclusive approach is required to maximise the benefit of vaccination within our society and tackle healthcare associated inequalities. In addition to the work within the Forth Valley teams, vaccine delivery is supported by the Scottish Ambulance Service to provide outreach within communities.

In addition to the seasonal vaccines, routine vaccination continues throughout the year to protect individuals and the Forth Valley population against vaccine-preventable disease. Vaccination is offered throughout the life course against a range of illnesses. Examples include protecting infants against pertussis (whooping cough) and older adults against pneumococcal disease. These preventative activities also contribute to reducing winter pressures.

The seasonal flu vaccination programme commenced on 16th Sept 2024 with Covid-19 Booster commencing 23rd Sept 2024 due to vaccine availability.

All staff can access the national appointment portal and chose a venue that suits them best. Peer Immunisation and drop-in staff vaccination clinics will also be available for health care workers and communicated with staff in due course.

- Frontline Health and Social Care workers are eligible for flu vaccination this winter in line with the JCVI advice and Green Book definition.
- We also continue to offer flu vaccination to non-frontline NHS workers as part of the national programme, as a Scottish Government policy decision.
- Scottish Government has made the policy decision to include frontline HSCWs and staff working in care homes for older adults for Covid-19 vaccination this winter
- Vaccination of staff groups will protect health services from staff absences during the winter months.

Winter vaccination targets have been set by Scottish Government and work is underway to track and report on uptake, to identify areas for improvement and to enable additional or targeted communications over the winter period.

Occupational Health Winter Plan 2024/2025

In order to build resilience for the winter period and support staff to keep well, with the aim of reducing staff absence where possible, the Occupational Health Service will

1) Increase capacity for Management Referral Assessments (previous winter months show an increase in staff absence and referrals into the service)
2) Provide temporary administrative support
3) Provide band 5 nursing support to immunisation clinics
4) During adverse weather OHS staff have the ability to work from home
5) Promote active referral for any staff who have a health condition that is impacted by adverse weather and make recommendations to support attendance at work
6) Promote OH opening hours over festive periods
7) Minimise clinic work over festive hours to support increase in annual leave

11. Prepare for & Implement Norovirus Outbreak Control Measures

11.1 Awareness

Awareness of norovirus is promoted through the staff intranet, social media etc including public messaging. Information will be displayed at ward level including patient information leaflets and all other supporting materials will be available through the staff intranet and internet. Posters and promotional material are circulated to clinical areas.

Monitoring of norovirus, preparation and incidents are detailed in monthly HAI reports including the HAIRT report. Monitoring of the national situation is ongoing by the IPCT. Information is shared with stakeholders where appropriate to ensure all staff are informed.

NHS FV Microbiology Laboratory offers norovirus testing using a 15-minute immunochromatographic test on faecal specimens (RIDA Quick Norovirus Test) throughout the day/evening, 7 days a week. There is no overnight service for Norovirus testing. Norovirus PCR testing is currently available through Glasgow.

11.2 Norovirus Preparedness Plan

Education and awareness sessions to ward staff to begin prior to season starting. All clinical areas have outbreak management tools to rapidly identify potential outbreaks. Support will also be provided by the IPCT.

IPCT advice is available between 0730-1730 (Mon-Fri) with on-call microbiology access out of hours. In the event of increased incidents, the IPCT will also cover weekends to support staff, however it is intended to have routine IPC cover over weekends subject to appropriate funding.

11.3 Norovirus Control Measures

Symptoms of norovirus are part of the admission documentation. Existing relations with ward staff and management enable timely response to any potential incident.

IPCT attend hospital wide board huddle to ensure any issues are identified and to inform staff of current incidents across the hospital setting.

11.4 Debriefs

Debriefs are requested following outbreaks and the hospital Infection Prevention and Control Team have previous experience of providing debriefs.

All hospital outbreaks including norovirus and COVID-19-19 are detailed in monthly HAI reports including the HAIRT report and subsequently reported to ARHAI in accordance with the NIPCM. Where appropriate, an Incident Management Team will convene.

11.5 Patient Pathways

Robust processes are well established in assessment and ED areas to prevent onward transmission of any known or suspected infection to other patients.

Forth Valley Royal Hospital has 50% single room occupancy allowing bay cohorting and bay closure rather than full ward closure to minimise impact to patient flow and capacity.

Where patient safety dictates, ward closure will occur, however all appropriate management (including executives) and staff are informed of the decision and rationale of ward closure.

11.6 Infection Prevention and Control Team

Health Protection Team and Infection Prevention and Control Team meet on a weekly basis to ensure information of ongoing and emerging situations both in the community and hospital is shared and discussed. A consultant microbiologist would also be involved in the event of any outbreak.

Festive cover will be provided by the IPCT and on-call microbiology over the bank holidays throughout the festive period. In the event of significant outbreaks the IPCT will increase cover to support staff.

12. Future Care Planning

Future Care Planning has been well embedded across Forth Valley for a number of years and is actively encouraged. Chronic Disease Management (CDM) continues and GP Practices hold local registers of people with long-term conditions. This process continues to monitor patients through annual reviews. Conditions include asthma and COPD and heart failure. Local respiratory guidelines encourage action plans for people with asthma or COPD.

CDM and care planning are often led by Practice Nurses. Patients identified as being at high risk of admission are identified through clinical judgement. Some tools to support early identification are in use e.g. SPICT, e-FRAILTY. Care Home Direct Enhanced Service (DES) is in place to ensure that Advance Care Plans (ACPs) and KIS (Key Information Summary) are in place for all care home residents.

The Palliative Care DES encourages the early identification of people with life limiting conditions, and this also identifies people at high risk of admission. The results of the 2022/23 Palliative Care DES are shared with Primary Care to identify areas of good practice and some areas for potential improvement in relation to care planning. Practices are sent an e-mail reminder regarding ACPs in the run up to winter, including a special mention for those identified with frailty or respiratory conditions.

KIS is accessible by OOHs and Acute Services, as well as the Flow Navigation Hub and Scottish Ambulance Service. The e-ReSPECT form is now available for those who want to use it.

Forth Valley Hospital@Home service in place and is being well utilised. This service provides an important alternative to hospital admission. The majority of activity is step-up (avoiding admission) but a step-down pathway also supports earlier discharge from hospital. A local programme is redesigning pathways to support "Care Closer to Home". Other teams supporting patients to remain in primary care are the Care Home Liaison nurses, the UCAAT team and the community Respiratory Nurses and Heart Failure nurses.

Work is progressing in integrating OOH teams in Forth Valley across social care and clinical services whilst Consultant Connect is being introduced to allow prompt professional to professional conversations.

13. Communications

Arrangements are in place to share and adapt the winter campaign being developed by NHS 24 which will build on and complement the Scottish Government's national 'Right Care Right Place' campaign.

This will be shared internally, externally and with local partners to provide information and advice on services available over the winter period and how these can be accessed with specific messaging to highlight alternatives to attending ED, (including MIU, pharmacy and GP services), redirection for inappropriate ED attendances and signposting to NHS 24 and NHS Inform for health information and advice. Service arrangements and details of how to access health information and advice over the festive holiday period will be communicated widely, including details of local pharmacy opening times, self-help guides and symptom checkers on NHS Inform and advice to call NHS 24 for urgent health advice, including minor injuries. This will also include details of those community pharmacies offering Pharmacy First Plus, with prescribing pharmacists in place and some offering Sunday opening during the peak winter period.

Information and advice on temporary ward closures due to outbreaks of infection (including norovirus and Covid-19) would be communicated direct by ward staff to local patients and relatives, including details of any temporary visiting restrictions. Outpatients and other relevant departments would be advised of any potential impact on local services. Information and advice on norovirus would also be communicated via various channels including social media, NHS Inform, local media and the NHS Forth Valley website.

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

15(a). Urgent and Unscheduled Care update
For: Assurance

Executive Sponsor: Prof. Ross McGuffie, Chief Executive
Authors: Mr Garry Fraser, Director of Acute Services; Ms Gail Woodcock, Chief Officer Falkirk HSCP; David Williams, interim Chief Officer, Clackmannanshire & Stirling HSCP; Kerry Mackenzie, Acting Director of Strategic Planning & Performance

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Executive Summary
The emergency 4-hour access standard is a key objective set by Scottish Government for emergency departments across Scotland. In order to have timely access, treatment, admission or discharge within 4 hours of presentation to the emergency department, the whole system of health care requires being as efficient as possible. The access to care ranges from services in local communities, through intermediate care and the hospital system. Where there is admission into a hospital or intermediate care facility, supporting timely discharge is essential, thus ensuring there is flow through our health and social care system. Working whole system with our Health and Social Care partners, Scottish Ambulance Service, NHS24, Primary care and community services is key to ensure that patients access the care they need at the right time in the right place. Taking a population health approach is allowing for a better understanding of the community needs and how to best meet the needs of the community.

This paper displays the whole system working that is being undertaken to meet the obligations of the board and improve patient experience and provides information on the whole system work ongoing which aims to reduce the number of people in hospital ready to be discharged home or to a community setting.

In the most recent review by CfSD they state that the FV plan is credible and likely to improve performance based on the processes being put in place along with a reduction in patients delayed in discharge mainly AWI. As you will be aware this is a focus from the Health Minister with the Chief Officers across Scotland.

Within the UUSC plan there was an aim to sustain 57% for the 4 hour emergency department access standard by the end of September 2024. This has not been achieved mainly due to very long waits in ED and lack of flow through the system. The senior team have been refining and reviewing the processes in place. The waterfall diagram A, below visually displays the work being undertaken and is a summary of the work being progressed. Our attention is now focussed on the staff and teams of people to deliver these working practices and create a positive culture of performance delivery.

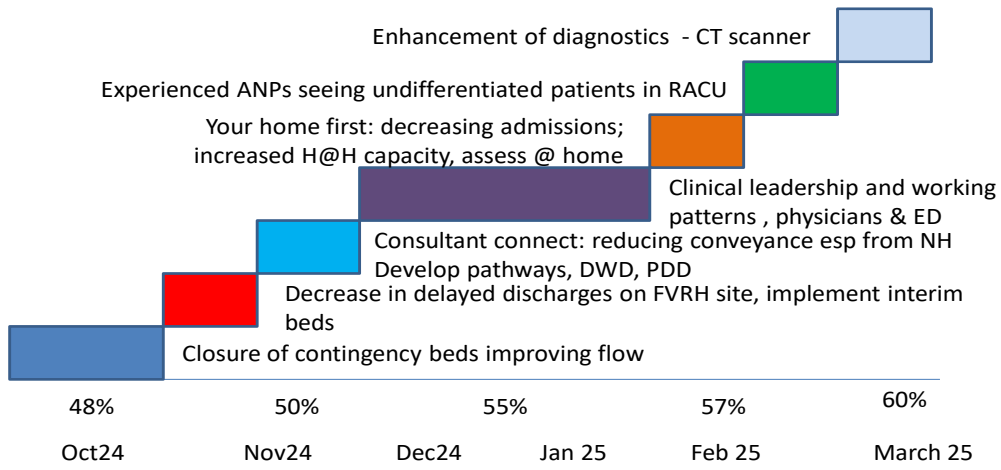

Improvement in ED 4 hr performance
Enhancement of diagnostics - CT scanner
Experienced ANPs seeing undifferentiated patients in RACU
Your home first: decreasing admissions; increased H@H capacity, assess @ home
Clinical leadership and working patterns , physicians & ED
Consultant connect: reducing conveyance esp from NH
Develop pathways, DWD, PDD
Decrease in delayed discharges on FVRH site, implement interim beds
Closure of contingency beds improving flow
48%
50%
55%
57%
60%
Oct24
Nov24
Dec24
Jan 25
Feb 25
March 25

Diagram A

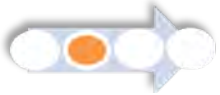
Recommendations

The NHS Board is asked to:

- **consider** the content of the paper the paper and be assured that whole system working is being applied to reduce harm, improve patient experience and performance, in urgent and unscheduled care.
- **consider** the factors affecting the 4-hour ED performance through the whole system.
- **note** the work streams underway designed to improve the 4-hour EAS.
- **note** the work being undertaken across the whole system to reduce the number of people delayed in their discharge from hospital
- **note** the work undertaken to bring together all the work underway to inform one whole system plan.
- **note** the interrelatedness of various key performance indicators and improvement actions.

Assurance

Proposed level of Assurance:

Level of Assurance	System Adequacy	Controls
Limited Assurance 	Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives	Controls are applied but with some significant lapses.

A limited level of assurance is proposed on the basis that although there is joint whole system working and the plan being progressed has been endorsed by Centre for Sustainable Delivery (CfSD) and will continue to develop new ways of working to deliver the service, there remains specifically limited sustained improvement with the 4 hour ED performance and the target of 57% is well below the national standard expected in the long term.

Key Issues to be Considered

Whole system approach

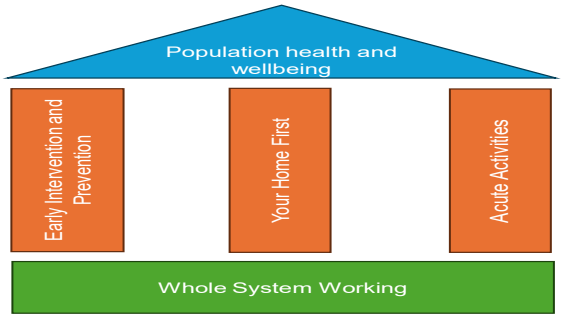


Diagram 1

- **Whole system working** and escalation is vital to successful service delivery and to ensure the longer term sustainability of our health and social care services. Coproduction of strategic plans and aligned data and performance dashboard development is ongoing to measure the impact of strategic implementation plans. The relationship between ensuring people receive the right care, in the right place, and at the right time across our wider system is key to delivering good outcomes for people, operating efficiently and improving performance across a number of key metrics.

- **Early intervention and prevention** is being explored through a public health lens to better understand patient needs and prevent unnecessary unscheduled presentations to ED. This is a population health approach which will inform our immediate plans as well as supporting longer term strategic decision making to improve healthy life expectancy and reduce health inequalities.

- Contact has been made with NHS 24 to review the number of calls received from Forth Valley residents and the conversion of calls received to referrals to the Flow Navigation Centre; this is the highest conversion rate in Scotland. We are keen to ensure that patients are being triaged to the right place first time and are working with NHS24 to further explore the range of options available to achieve this.

- 'Call before you convey' is now underway in a phased approach with the Scottish Ambulance Service (SAS). The conveyance rate from SAS when attending a 999 call in Forth Valley catchment area is around 75%. We know that in other areas where 'call before you convey' is well established, that the conveyance rate can be as low as 50%. This initiative went live at the start of June 2024 but still has low uptake.

- Scottish Ambulance Service turnaround time continues to sit around or below the Scottish average where it is rare for there to be a queue of ambulances waiting to off load for any more than an hour. This is seen as a patient safety priority. There is also no practice of corridor waits within the hospital which equally has patient safety issues. NHS Forth Valley made the decision a number of years ago to manage ambulance flow in this way; this is not replicated in all boards across NHS Scotland, where other Boards are choosing to create ambulance queues rather than off loading into corridor care areas.

- **Your Home First** is a strategy being developed collaboratively with the Health and Social Care Partnerships (HSCP) and NHS Forth Valley which aims to embed a whole system approach to ensure that people receive their health and care needs at home or as close to home as possible. This includes work streams such as Integrated Out of Hours and Streamlining Access to services; development of an Ambulatory Frailty Pathway, Whole System Discharge Optimisation; and work with communities with high ED attendance rates.

- **The Acute urgent and unscheduled care delivery plan** continues to progress and is monitored through the Urgent and Unscheduled Care Programme Board. This includes work streams such as Discharge without Delay (DWD), Ward Beat and Frailty assessment and cohorting. This aims to ensure the flow through the whole FVRH site is maintained. The mean hospital LOS is 5.0 which is one of the longest in Scotland.

- It also can't be ignored that there is a cultural element to the team working and interpersonal relationships that have broken down over the years in some areas. There is also internal Organisational Development work underway to develop trust and effective teamwork with the wards and medical teams. This work continues as part of our approach to Whole System Working, as well as the work across the system in relation to the Culture Change and Compassionate Leadership programme implemented as part of the Board's response to our escalation by the Scottish government.

Data

The trajectory below in table 1 demonstrates the current 4-hour ED trajectory set in February 2024. We are still seeing variable performance however we were aiming to achieve a sustained 57% by the end of September 2024 as our immediate objective. Clearly the performance has not achieved this target and we are running 10% below our target.

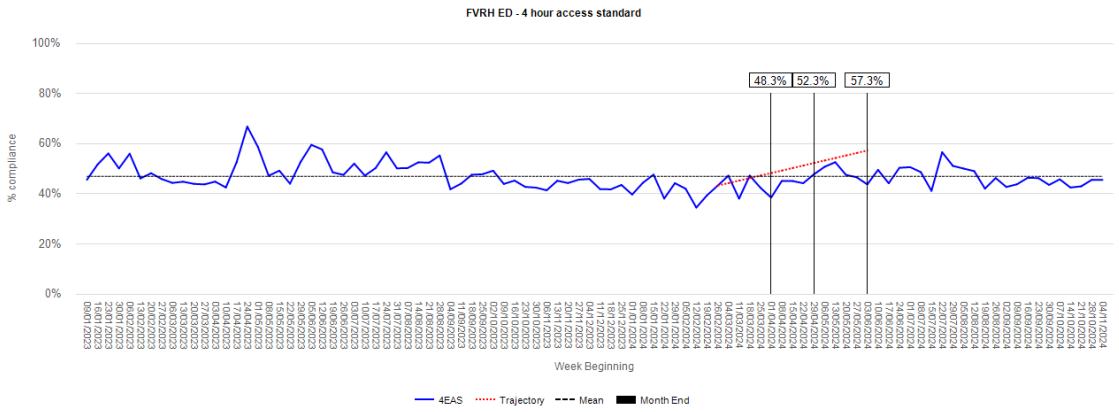


Table 1. Definition: % of unplanned new or return patients who are seen and discharged/admitted within 4 hours at FVRH ED

Table 2 below provides the year to date performance for the unplanned 4 hour ED access standard. Forth Valley has one of the highest planned referral rates to unscheduled care in Scotland and if this was taken account of, the performance would be higher. Public Health Scotland along with an A&E expert group has been reviewing their guidance to ensure there is equity across Scotland. As of February 2025 the minor injury performance will be taken account of. The attendance to ED whether scheduled by NHS24 or unscheduled by self presenting or by ambulance, are subject to the same process of treatment once at ED with the aim for 4 hours to be seen, treated, discharged or admitted still applied. Once the planned attendances and Stirling community hospital attendances are taken account of the performance would rise by circa 9%.

Period		MIU Attendances	ED Attendances	Health Board Attendances
1. Current YTD	*Unplanned Attendances*	*6,228*	*35,595*	*41,823*
	4hr Compliance	**98.9%**	**46.6%**	**54.4%**
2. Previous Full Year	*Unplanned Attendances*	*13,585*	*59,334*	*72,919*
	4hr Compliance	**99.8%**	**47.0%**	**56.8%**

Table 2 Cumulative attendances and compliance

Table 3 below displays the SAS turnaround time throughout the year 2023-24. This is around or below the National average and allows ambulance crews to be released quickly for their next callout.

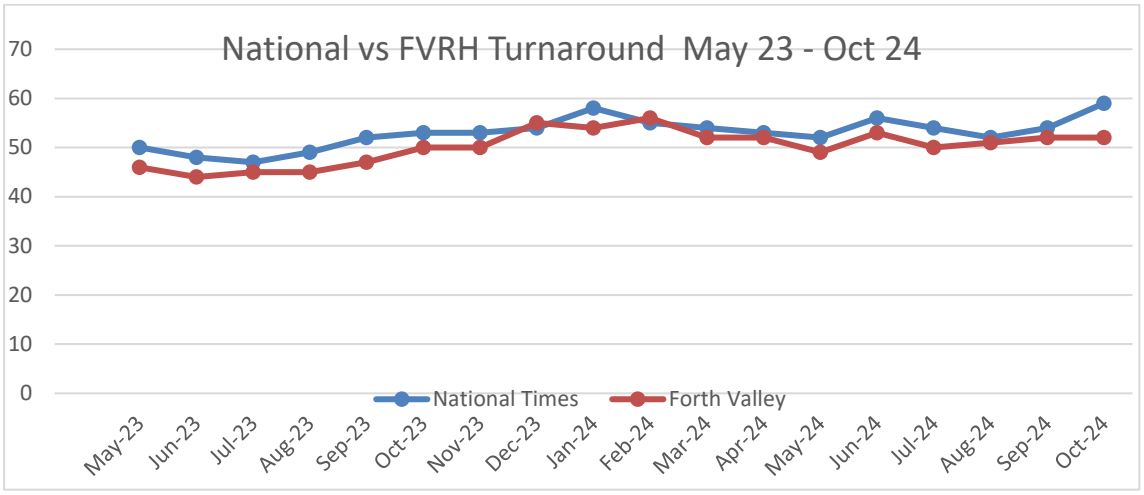


Table 3 Median Turnaround Time at Hospital June 2023 - Oct 2024

Table 4 displays the number of unfunded beds that have recently been closed on the site; however this does mask the contingency areas that are opened up when the ED has no flow. For example, through the week of the 30 September 2024 seen long waits to offload an ambulance, very long waits in ED for a ward bed along with over 25 additional patients in trolleys over night in the ED department with every contingency area open and some elective surgery cancelled due to bed capacity. Although we did not put a 5th patient into a 4 bedded area we had very reduced capacity for several days.

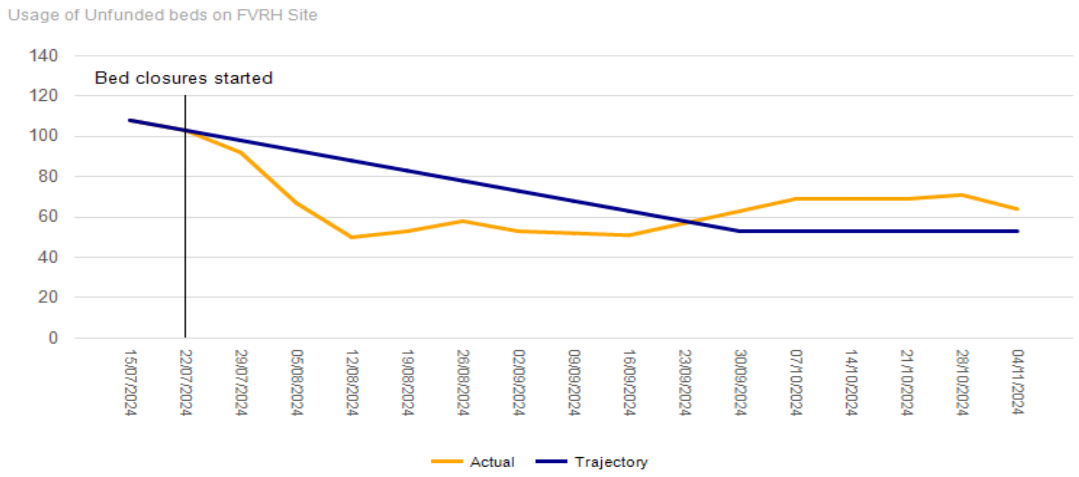


Table 4: No of unfunded beds open in the Acute Hospital July 2024 – November 2024

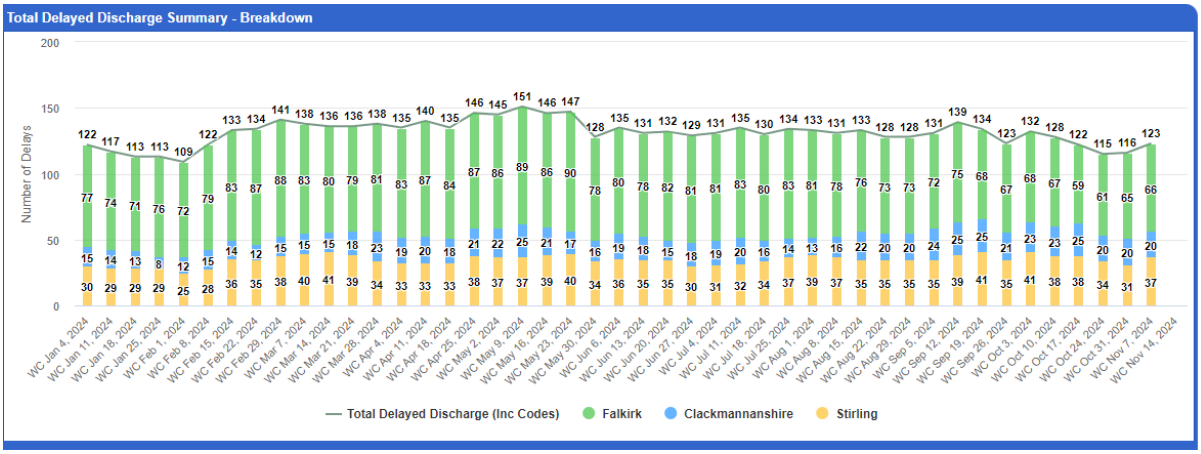


Table 5: Total Delayed Discharges (all hospital sites) January 2024 – November 2024 [note this includes management data which is subject to review]

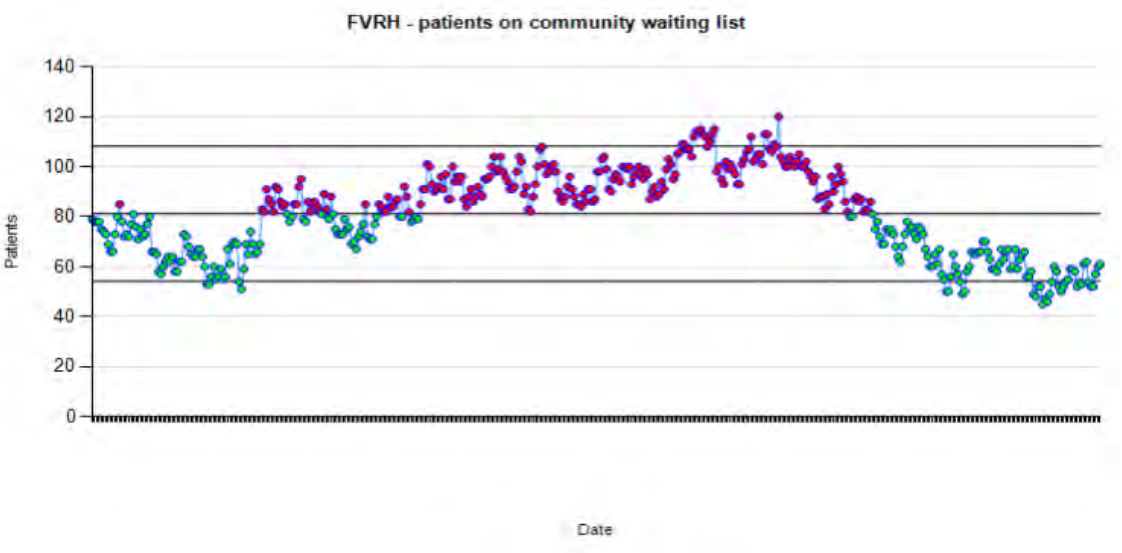


Table 6: Number of patients on community waiting list in Forth Valley Royal Hospital in the last year September 2023 to October 2024

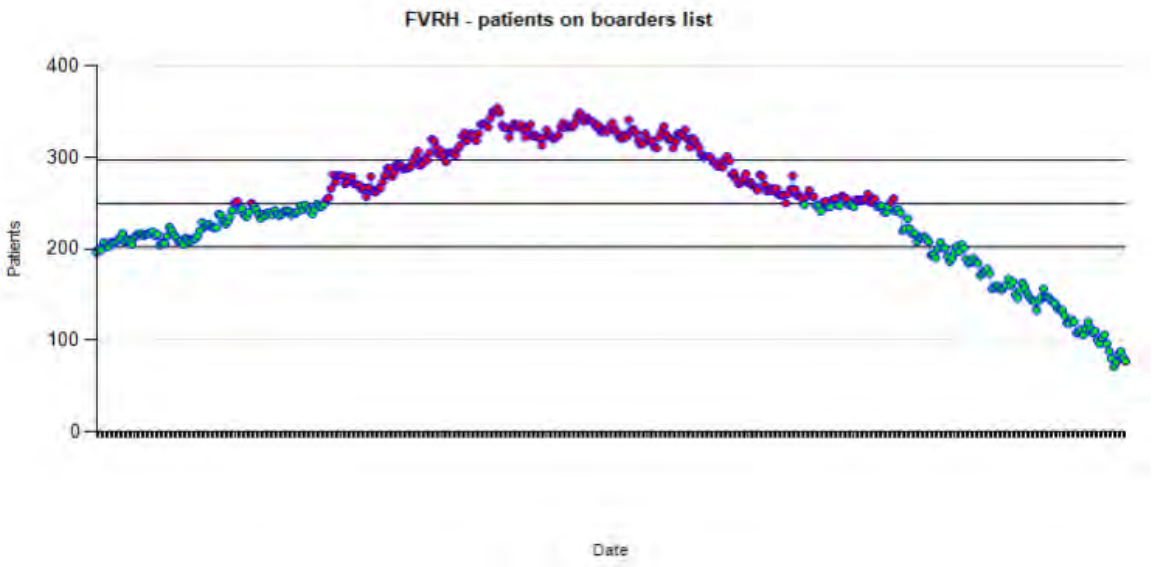


Table 7: Number of patients who are boarding in Falkirk Community Hospital in the last year September 2023 to October 2024

Summary

Performance

The 4-hour performance remains circa 46.5% for the year to date as it is currently recorded. There is work with Public Health Scotland, along with an A&E expert group, who are currently reviewing their guidance to ensure there is equity of reporting across Scotland. Planned attendances along with the minor injury performance will be applied to Forth Valley from the 1st February 2025; the performance will be around 55% as displayed in Table 2.
Forth Valley Royal Hospital has its own specific challenges which are different from other mainland sites. These are that it does not and cannot divert to another site to allow the ED to decompress. It must take its own volume of patients with no ability to redirect to another ED, as some other sites have the ability to do, whether this is with emergency admissions or through GP redirects.

FVRH does not have patients waiting in corridors within the ward areas, we view this as a patient safety risk and do not undertake this in the practice to decompress the ED.

FVRH also aims to off load ambulance crews as soon as possible allowing the ambulance service to respond to their next call as timely as possible. There is an unknown clinical risk to the community if the ambulance is not quickly released back to the community. It is a rare occurrence that ambulance crews at Forth Valley Royal Hospital will be waiting for several hours to off load. The median turnaround for last year being around 48 minutes as displayed in Table 3.

Diagnostics

- The work underway with our public health team to understand the current and future patient needs is essential in defining where we can implement interventions for population health earlier in their health requirements. This will improve our approach to delivering health services and influence planning decisions.
- The “your home first” strategy aims to prevent admissions to ED and acute care by early intervention of care.
- The work with NHS 24 and SAS aims to reduce the volume of patients coming to ED by providing advice and sign posting to alternative providers such as pharmacy first.

The integrated discharge team, Ward Beat and DWD processes provide better joint systems of work for patients that no longer require being in acute care.

- Work with SAS and NHS 24 provides opportunities to reduce the volume attending the ED and therefore increasing the ED capacity and the performance.
- We are undertaking development work with the teams and departments to ensure close team working and flow of the patient journey is as efficient as possible.
- The high number of "contingency" beds in Forth Valley Royal Hospital has led to a large number of patients "boarding" (not being in the most appropriate place for their clinical needs). In addition, there has been high numbers of people awaiting to go to a more appropriate community resource and/or delayed in their discharge from the acute hospital. Work has been ongoing to reduce the number of contingency beds, and along with work ongoing to support timely flow across our system, it is anticipated that as the number of contingency beds reduces, the number of patients boarding will also reduce. Having more patients in an appropriate place for their care needs allows whole system teams to work collaboratively in terms of planning for discharge (regardless of whether ongoing care and support is required.)

<u>Plan output</u>

- Call before you convey will initially aims to reduce the ambulance service conveyance by 5 % by the end of September 2024. This has not been achieved.
- Working with NHS 24 we would aim to review our joint pathways and reduce the volume to FVRH. This is at an early stage as we don't have the joint data yet but again we will aim to reduce the attendance volume by 5% by end of September 2024 once the data and processes are reviewed. This has not been achieved.
- Your home first strategy also aims to reduce admissions and reduce LOS. Working alongside the integrated discharge team and the wards with their discharge without delay processes will reduce length of stay (LOS). This helps the flow through the hospital site. We are aiming to align our ward with the National average LOS for their specialty. This will reduce our overall bed base, creating greater efficiency through the remaining funded beds and a reduction in the reliance in supplementary staffing to support the additional capacity.
- There has been a board specific letter from CfSD received on the 12th June 2024 which highlights some specific actions including delayed discharge actions and focus on AWI patients to be taken jointly with HSCP's. There has been an updated data set from CfSD received on the 13th November 2024 for the team to review and analyse.
- CfSD has reported that "*it is credible that successful implementation of the FV plan could be expected to reduce hospital bed occupancy by around 3 percentage points (i.e. 21 beds per day). Realising your aims is likely to increase the board's performance against the emergency access standard by around 13.9 percentage points.*"
- Focus and scrutiny of the delayed discharge position has continued due the sustained high levels of delays across the country. Weekly meetings continue to take place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with expected attendance by all 31 Chief Officers or their substitute. The aim is for each HSCP to reduce their respective share and the global delayed discharge figure in anticipation of winter. Performance is monitored on a weekly basis at these meetings. Partnership performance is categorised as requiring "major", "moderate" or "minor" improvement. As of beginning of November, both Clackmannanshire and Stirling HSCP and Falkirk HSCP were in the "moderate" category. This issue is receiving considerable daily focus and attention by the respective HSCP COs and their teams, jointly with the acute hospital site, and with the CEO fully engaged as appropriate. Local activities underway and planned include:
    - an innovative test of change which will see people awaiting housing adaptations being supported into flats in the community, helping people to

maintain their independence until their homes are adapted or appropriate housing is available
    - Whole system working and new leadership in key roles
    - Updating procedures related to supporting Adults with Incapacity within the hospital including developing a Standard Operating Procedure, aligning Mental Health Officer resource, close monitoring of key metrics and implementing improved processes to reduce the overall timelines
    - Whole system work to reduce the number of unfunded beds is resulting in reducing community waits and supporting teams to work together to plan for any discharge requirements as early as possible
    - a focus on refining processes across our whole system discharge and flow activity including ensuring early referral to Partnership teams in hospital, supported through the implementation of the Standard Operating Procedure for reducing contingency beds, developing and implementing standards for assessment processes and development of a "Moving On Policy".
    - The fixed term (18 month period) commissioning of sixteen interim beds which will support flow while wider improvement work continues.
    - The implementation of a "discharge to assess" test of change planned to commence in December 2024, which will see people undergoing assessment in hospital and potentially on a trajectory towards long term care, going home with up to 24/7 support including reablement while their assessment is progressed. It is hoped that this will lead to more people managing to remain at home for longer, and reduce deconditioning associated with longer hospital stays.

  It is noted that financial challenges in both Partnerships have required the implementation of immediate grip and control measures, some of which are negatively impacting on delayed discharge performance. Some of the improvements outlined above will help to mitigate these impacts.

- Leadership – within the acute site we are undertaking local leadership realignment and implementing the Triumvirate structure which will provide local ownership for many aspects of operational delivery such as clinical leadership and governance, budget, performance, training, Ward beat and reducing LOS. The whole senior leadership team consisting of Managers, Nurses and Medics are undertaking many leadership engagement events. Examples are the Chief Nurse within Acute is driving the nursing leadership across the site, we are also investing in external senior professional leadership support for the ED nursing team to support their leadership development. There has also been a focused working group started with the acute physicians chaired by the Director of Acute to review their working rota and service delivery model.
- Governance – there is increased oversight and governance in relation to unscheduled care work streams with reporting through the urgent and unscheduled care programme board and up to the P&R committee, the Executive team as well as a previous detailed deep dive into unscheduled care at the Forth Valley Board.
- Culture – there is increased open engagement sessions along with specific OD sessions underway with nursing teams and clinical teams. This relates to the cultural programme and aligns to local leadership, ownership and improved culture at a local level.

Financial Implications

The continued implementation of this plan would allow for unfunded beds to be reduced in the acute and community setting. This reduces the need for supplementary staff and allows people to be cared for in their own community setting. We are taking the opportunity to close any of

unfunded beds that presents through the course of managing flow. That said this has had an effect on the timely flow through the hospital site and has affected the 4-hour performance to some degree given there is reduced capacity in the community and on the acute site. However there does appear to be a correlation between the reduction in contingency beds, the number of people boarding and the number of community waits. It is anticipated that there will be a corresponding reduction in delayed discharges to the community as this work continues, which will in itself create additional opportunity for improvement in a number of key indicators There will be a balance to be maintained around patient safety and reducing the unfunded beds.

Conclusion

It is the focus of the whole system to support people to live well at home, to reduce incoming demand, process our patient cohort as safely and efficiently as possible, reduce delays on site and continue to work with our staff to do this. We have seen that for two weeks in May 2024 and three weeks in July 2024 and three weeks in August 2024 that we can sustain an ED performance above 50% for several weeks at a time. It is our aim to maintain above 50% and achieve 57% as our baseline. The review by CfSD support the overall plan and state we have ambitious time scales that are dependent on the work to reduce our delays on the FVRH site. It cannot be under stated how important it is to undertake staff engagement and align our staff efforts to the plan. Our people is what make the system work and as the waterfall diagram displays, our main effort is now around engagement of our teams to deliver our services.

Appendices

- Appendix 1: Urgent & Unscheduled Care and Delayed Discharge Outline Plan

Appendix 1

URGENT & UNSCHEDULED CARE AND DELAYED DISCHARGE PLAN

Background

Urgent Care refers to the need for medical treatment for a condition or injury which is not considered to be imminently life threatening but could worsen if left untreated and Unscheduled Care describes the need for unplanned medical care often because of an accident.

Traditionally, the Emergency Department (ED) has been seen as the primary location to receive urgent and unscheduled care. However, for many, ED will not be the right place for their healthcare need. NHS Scotland provides for the urgent and unscheduled care needs of the population through a variety of services including GP practices, minor injury clinics and pharmacy treatment.

Framework

NHS Forth Valley has experienced challenges in achieving the 4-hour emergency access standard (EAS) over a period of time with performance across Forth Valley for the year to date 54% as it is currently recorded. There are a number of work streams underway across health and social care to support improvements in the urgent and unscheduled care performance standard and to ensure the safety of patients and staff. The complexity of the inter-related pathways across the system along with issues in relation to culture and relationships can make this difficult to navigate. Additionally, the impact of our future demand and winter along with the current financial climate need to be considered in defining the ongoing improvements required.

It was identified that to enable improved focus on, and governance around the urgent and unscheduled care work underway, one whole system plan should be developed by identifying current work and workstreams and mapping these to align to the areas of:

- Population Health / Data
- Right Care Right Place
- Flow Navigation
- Front Door Model
- Ward Flow
- Home First
- Communication

This work was designed to also ascertain and understand any gaps and to identify where further actions are required and to ensure that the plan is action focussed with leads and timescales.

In undertaking this work consideration was taken of benchmarking data and areas examined and reported by the Centre for Sustainable Delivery, which include:

- Bed Occupancy rate
- Care of the elderly
- Criteria to reside

- Reason for delay – AHP Treatment, Social Work Assessment, Care Home, AWI

In addition, consideration was taken of issues in relation to the impact of frailty, the Day of Care audit, local and PHS data and current plans and modelling assumptions

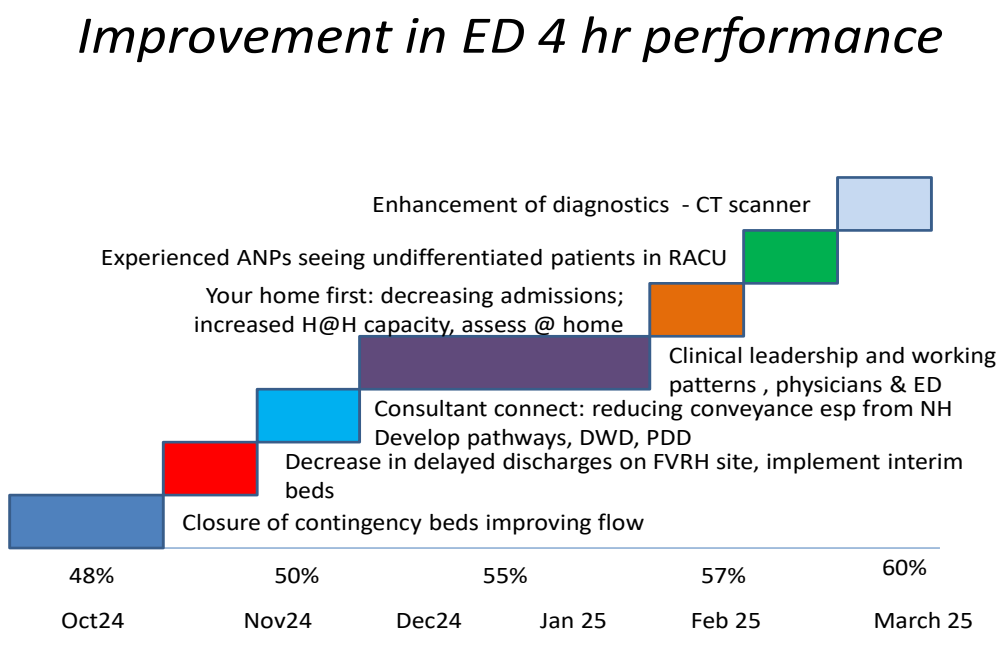
Key Themes

The Urgent & Unscheduled Care and Delayed Discharge Plan Driver Diagram at appendix 1 details the key themes that have been identified through the mapping work, the key objectives and work underway or to be progressed. A detailed supporting action plan will be developed with the support of the CPMO to be progressed by the Urgent and Unscheduled Care Programme Board.

Key themes or areas for improvement that are deemed to have the most widespread impact have been identified as:

- The reduction of front door attendance and optimising flow navigation, Consultant Connect and alternatives to acute care.
- The development of the front door Target Operating Model aligned with the review of the front door bed model and how these are utilised.
- Your Home First or Discharge to Assessment supporting improved outcomes from home assessment.

The waterfall diagram below highlights key workstreams with associated timeline and anticipated improvement in performance.


Improvement in ED 4 hr performance
Enhancement of diagnostics - CT scanner
Experienced ANPs seeing undifferentiated patients in RACU
Your home first: decreasing admissions; increased H@H capacity, assess @ home
Clinical leadership and working patterns , physicians & ED
Consultant connect: reducing conveyance esp from NH
Develop pathways, DWD, PDD
Decrease in delayed discharges on FVRH site, implement interim beds
Closure of contingency beds improving flow
48%
50%
55%
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Culture

There is a particular focus on culture not just in ED but system wide through the Culture Change & Compassionate Leadership programme. It should be noted however that following concerns regarding the alleged culture within the Emergency Department, in November 2020 an external review was commissioned. The External Review team identified 45 recommendations. In addition, a number of additional recommendations put forward by

frontline staff (nurses, doctors, and managers). Themes identified by staff were around Teamwork, Leadership, the learning environment and quality and these additional recommendations were supported by Senior Clinical Decision Makers in ED and staff side representatives.

A sub-committee of the Board was established to oversee the implementation of the Improvement Plan with actions fully completed. The themes from the review were considered and significantly reflected in the Culture Change & Compassionate Leadership programme which is currently in the implementation phase.

Work is ongoing in terms of ensuring open and honest engagement with nursing and clinical teams relating to the local leadership, ownership and improved culture.

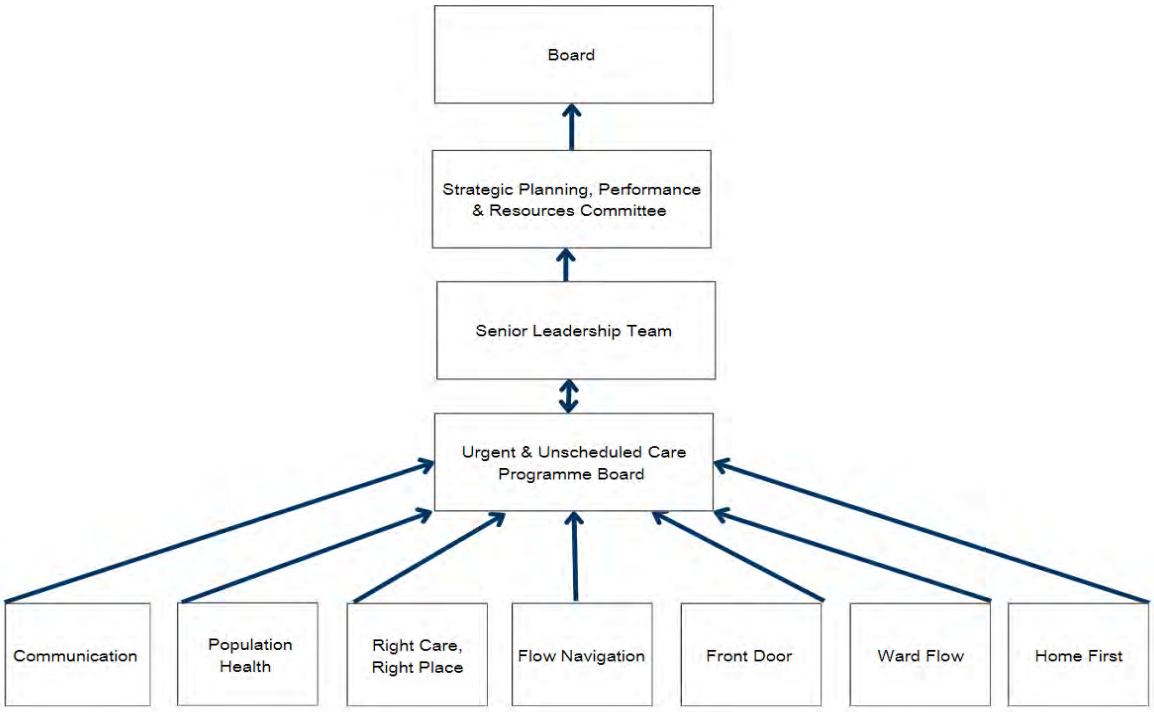
Urgent and Unscheduled Care Programme Board

The purpose of the Urgent and Unscheduled Care Programme Board is to provide a forum for oversight of all plans, confirming and communicating the programme vision, agreeing the programme priorities and monitoring the achievement of plans of the Forth Valley Urgent and Unscheduled Care Programme.

The Programme Board Terms of Reference will be revised to ensure collaborative working with multidisciplinary representatives from across Forth Valley to review progress with plans against associated work streams ensuring delivery alongside improving quality, efficiency and reducing unwarranted variation of our service delivery models.

The Programme Board chairing arrangements will be revised to enact a co-chair arrangement, to ensure that each constituent part of the Programme is represented as well as ensuring clear and transparent governance arrangements.

Proposed Urgent & Unscheduled Care and Delayed Discharge reporting and governance arrangements are highlighted below. In addition, it should be noted that relevant reporting would be taken to HSCP management groups and IJBs as required.



Conclusion

The evolving landscape of urgent and unscheduled care in Forth Valley reflects a concerted effort to provide timely, appropriate healthcare solutions for the community. With an emphasis on reducing reliance on the Emergency Department, the initiatives championed by the Urgent and Unscheduled Care Programme Board represent a strategic approach to health and social care delivery. These efforts prioritise person-centred care, ensuring that individuals receive the right treatment in the right setting, enhancing outcomes and efficiency.

Through structured workstreams focused on quality improvement, performance metrics, and integrated working, the whole system is committed to addressing the diverse needs of its population. As demonstrated by ongoing initiatives such as the Discharge without Delay programme and enhanced community support services, the emphasis on timely access to care continues to be paramount.

Despite challenges, including complexities of care delivery, proactive measures are being implemented to optimise resources and improve patient flow. The focus on community-based care solutions, alongside strategic winter planning, underscores the importance of resilience in healthcare provision.

Moving forward, continued collaboration across multidisciplinary teams will be essential in navigating the complexities of urgent care, ensuring that every citizen of Forth Valley has access to safe, effective, and equitable health and social care services. The commitment to innovation and responsiveness will be vital in meeting the dynamic needs of the community, fostering a healthier population and a more sustainable health and social care system.

Aim	Strategic Area	Themes	Objectives	Workstreams
Urgent & Unscheduled Care and Delayed Discharge Improvements	Population Health	Data	Map demand – Primary Care, OOH, NHS24, ED, UUSC.	Prevention and inequalities work e.g. hip fracture and falls.
				Understanding demand e.g. NHS 24 conversion rate to Flow Navigation Centre.
		Inequalities & Burden of Disease	Understand future needs.	UUSC Measurement Group – aligning measures to improvement actions and to service change and development.
			Align service planning and delivery to demand and future needs.	
	Right Care, Right Place	Alternatives to Acute Care	Increase Redirection. Improve knowledge of and access to Community based care.	NHS FV redirection Policy. More comprehensive Communication Strategy.
		Frailty	Reduce falls, improve mobility. Community services preventing inappropriate hospital attendance or admission. Early identification, assessment, and management of frailty.	Scoping whole system ageing well collaboration. Acute Frailty Unit. Falls coordinators and Safer Mobility.
		Palliative and End of Life Care	Increase in the number of people supported to die at home and reduce % of time spent in hospital in the last 6 months of life, optimising service delivery.	Whole System Palliative Care Strategic Plan (Nov 24) and Strategic Commissioning Plans 2025. Palliative Care at ED test of change.
	Flow Navigation	Decision Making	Review senior decision making, improve access to professional to professional and call before convey. Reduce unnecessary hospital attends for Care Home residents.	Roll out Consultant Connect. Scope requirements for senior clinical decision-making model. Optimising Flow Navigation and Urgent Care Centre / Ambulatory pathways.
		Community Based services	Explore development of Community Diagnostic Hubs.	Scope expansion of access to increased range of diagnostic facilities in communities.
		Virtual hospital	Optimise Hospital at Home and Outpatient Antibiotic Therapy.	Increased H@H capacity from 25 to 30 beds for winter 2024/25.

Aim	Strategic Area	Themes	Objectives	Workstreams
Urgent & Unscheduled Care and Delayed Discharge Improvements	Front Door	Target Operating Model	Understand current system and implement a target operating model.	Workstreams include developing the Target Operating model, determining criteria to admit, triage (eTriage, senior clinical triage), optimising Minor Injuries pathways, optimise urgent care pathways.
		Frailty	Implement acute frailty unit to deliver benefits of frailty at the front door.	Cohorting in place, option appraisal complete, 2 shortlisted options, clinical teams to inform preferred option.
		End of Life care	Implement a last year of life front door model.	Pilot underway for 3 palliative care patient groups – those who do not need admitted, those with generalist palliative care needs for admission, those with specialist care needs for admission.
	Ward Flow	Target Operating Models	Develop and implement Target Operating Models for acute and community bedded areas. Undertake bedded care review.	Embed ward round checklist and other existing process in a Target Operating Model. Community bedded care to be planned and executed. Acute ageing and health bed review in progress, informed by Day of Care Audits.
		Discharge Processes	Continued implementation of improvements in discharge planning and management.	Continued focus on Discharge Without Delay discharge process improvements including pre-noon discharge, Planned Date of Discharge (PDD) roll out. Potential national AWI pilot in Falkirk using interim care home beds to test new approach.
		AHP In-reach	Explore in-reach model for AHPs to improve patient flow from acute to community-based care.	Scope to be determined with Leads.

Aim	Strategic Area	Themes	Objectives	Workstreams
Urgent & Unscheduled Care and Delayed Discharge Improvements	Home First	Discharges	Continued improvement in discharge arrangements and options.	Work ongoing includes criteria led discharge and a revised Choices Policy. Interim care home beds Falkirk. Discharge to Assess test of change Falkirk. Replace single shared assessment document with referral form.
		Integrated Discharge Team	Improve discharge planning, reduce length of stay and bed-days used by amalgamating existing integrated discharge teams.	Terms of reference agreed for 3 teams to integrate by March 2025.
		Primary Care Transformation	Scope opportunities for further transformation in primary care.	Early stage of primary care transformation plan development scoping and engagement.
	Communication	Public, patients, and families	Clear and consistent strategy for engaging with patients and public to support a change in public perceptions and habits.	Needs a long-term communication strategy.
		Staff and contractors	Staff communications around UUSC and delayed discharges to align to Culture Change and Compassionate Leadership Programme.	

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

15b. Performance Report
For: Assurance

Executive Sponsor: Mr Ross McGuffie, Chief Executive
Author: Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Ms Claire Giddings, Corporate Performance Manager

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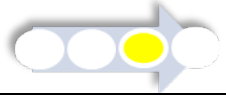
Executive Summary
The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Report is presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance. The Performance Report was presented to the Performance & Resources Committee on 29 October where discussions focused on the current challenges and performance around Urgent and Unscheduled Care and Delayed Discharges.

Recommendation
The NHS Board is asked to:

- **note** the current key performance issues.
- **note** the detail within the Performance Report.
- **consider** the proposed level of Assurance.

Assurance
Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A Reasonable level of assurance is proposed on the basis that a comprehensive performance report supported by a scorecard, graph and narrative detail is presented to the NHS Board and Performance and Resources Committee monthly for scrutiny and discussion. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

Performance reporting and monitoring links to a number of strategic and organisational risks detailed in the Risk Assessment / Management section of the report.

Key Issues to be considered

The Performance Report considers key metrics in relation to system-wide performance and provides a month-on-month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12-week outpatient target, diagnostics, 12-week

treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits. Following review, a number of metrics previously reported pre-covid have been reintroduced and additional metrics have been added to support the provision of a more detailed system-wide picture.

Areas of performance cited in NHS Forth Valley's escalation to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) are included within the report and continue to be monitored following a move to Stage 3.

The scorecard provides a comprehensive 'at a glance' view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful.

The Performance Report is routinely presented to the scheduled meetings of the Performance & Resources Committee ahead of the NHS Board.

1. Key Performance Issues

- ***Unscheduled Care***

Overall compliance with the 4-hour emergency access standard (EAS) in September 2024 was 53.2%; Minor Injuries Unit 98.5%, Emergency Department 44.7%. A total of 2,834 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,334 waits longer than eight hours, 594 waits longer than 12 hours and 56 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,825 patients, noting this is slightly higher than 1,738 in September 2023. The number of patients waiting for first assessment continues to be as a result of issues in relation to capacity and flow. Wait for a bed accounted for 548 patients waiting beyond 4 hours with Clinical reasons accounting for 129 breaches.

In September 2024 there were 486 new attendances to Rapid Assessment and Care Unit (RACU), 111 of which were via ED.

- ***Delayed Discharges***

The September 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 71 delays; this is compared with 63 in September 2023. There was a total of 58 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 129.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the September 2024 census was 3,020, this is an increase from 2,667 in September 2023.

- ***Scheduled Care***

At the end of September 2024, the number of patients on the waiting list for a first outpatient appointment was 12,851 compared with 18,646 in September 2023 with the number waiting beyond 12 weeks 3,518 compared to 8,596 in September 2023. Activity against the 2024/25 annual delivery plan highlights we have completed 113% of the predicted activity up to the end of the second quarter 2.

The number of inpatients/daycases waiting increased to 5,696 with an increase in those waiting beyond 12 weeks against the previous year. Activity against the 2024/25 annual delivery plan highlights we have completed 106% of the predicted activity at the quarter 2 position.

At the end of September 2024, 4,398 patients were waiting beyond the 6-week standard for imaging with 305 patients were waiting beyond 6 weeks for endoscopy. Activity against the 2024/25 annual delivery plan highlights we have completed 124% and 137% respectively of the predicted activity for quarter 2.

Cancer target compliance in August 2024:

- 62-day target – 84.2% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the September 2023 position of 62.6%.
- 31-day target – 99.0%

The position for the April to June 2024 quarter is that 82.1% of patients were treated within 62 days of referral with a suspicion of cancer. This is consistent with the previous quarter. During the same period, 99.7% of patients were treated within 31 days of the decision to treat.

- ***DNA***

The new outpatient DNA rate across acute services in September 2024 is noted as 4.6% which is an improvement from the position in September 2023 of 6.8%. The return outpatient DNA rate across acute services in September 2024 was 7.2%.

- ***Psychological Therapies***

In September 2024, 79.8% of patients started treatment within 18 weeks of referral.

- ***Child & Adolescent Mental Health Services (CAMHS)***

In September 2024, 98.6% of patients started treatment within 18 weeks of referral.

- ***Workforce***

The sickness absence target is 4.0%. Absence remains above the target at 7.31% in August 2024 noting an increase from 7.05% in August 2023.

2. Report format

- The report details Key Performance Issues, Key Performance Measures, and Key Performance Graphs.
- Notes have been included within the Key Performance Measures and provide additional information including definitions and detail in relation to the indicators and targets.
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively.
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections.
  Note that the Scotland figures are typically a month or quarter behind.
- Where a Forth Valley wide measure is reported any areas of challenging or poor performance within a specialty will be highlighted in the narrative.
- Performance data and graphs continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the report.

2.1. Performance Scorecard

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	NOTES
HOSPITAL STANDARDISED MORTALITY RATE													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	31-Mar-24	</= 1.00	0.94	0.89	0.93	-	▼	1.00	31-Mar-24	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE													
	FV	Monthly	Total Number of ED Attendances	30-Sep-24	Reduction	5,372	5,327	5,387	-	▲	-	-	
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	30-Sep-24	Reduction	5,103	5,068	5,080	-	▼	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	30-Sep-24	95%	44.7%	47.4%	46.2%	✓	▼	65.8%	31-Aug-24	Number of ED attandances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US3	S5	Monthly	Number that waited >4 hours in ED	30-Sep-24	Reduction	2,820	2,665	2,735	-	▼	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	30-Sep-24	Reduction	1,334	1,226	1,148	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	30-Sep-24	Reduction	594	534	367	-	▼	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	30-Sep-24	Reduction	56	49	1		▼	-	-	
	FV	Monthly	Total Number of MIU Attendances	30-Sep-24	Reduction	2,078	1,850	1,977	-	▼	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	30-Sep-24	Reduction	954	863	926	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	30-Sep-24	95%	98.5%	99.7%	100.0%	-	▼	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Sep-24	95%	53.2%	55.0%	54.5%	✓	▼	69.4%	31-Aug-24	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	30-Sep-24	-	486	528	522	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	30-Sep-24	-	116	136	120	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	30-Sep-24	-	588	545	564	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	30-Sep-24	-	10.9%	10.2%	10.5%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	30-Sep-24	Reduction	3,286	3,275	2,988	-	▼	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	30-Sep-24	Reduction	5,015	4,540	4,947	-	▼	-	-	
	FV	Monthly	Advice	30-Sep-24	-	3,432	3,091	3,658	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	30-Sep-24	-	1,279	1,167	1,050	-	-	-	-	
	FV	Monthly	Home Visit	30-Sep-24	-	188	188	156	-	-	-	-	
	FV	Monthly	Mental Health	30-Sep-24	-	37	35	33	-	-	-	-	
	FV	Monthly	SAS In Attendance	30-Sep-24	-	74	54	45	-	-	-	-	
	FV	Monthly	Remote Consultation	30-Sep-24	-	5	5	5	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	30-Sep-24	-	94%	91%	90%	-	▲	-	-	

BETTER CARE													
SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	30-Sep-24	Reduction	12,851	13,579	18,646	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	30-Sep-24	Reduction	3,518	4,000	8,595	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	30-Sep-24	95%	72.6%	70.5%	53.9%		▲	40.9%	30-Jun-24	
SC6	Audit	Monthly	Outpatient Unavailability	30-Sep-24	Monitor	1.1%	1.0%	0.6%	✓	▼	0.8%	30-Jun-24	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC7	FV	Monthly	New Acute Services Outpatient % DNA	30-Sep-24	5%	4.6%	4.7%	6.8%	-	▲	6.9%	31-Dec-23	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	30-Sep-24	5%	7.2%	6.6%	7.4%	-	▲	-	-	
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	30-Sep-24	Reduction	7,351	7,356	6,811		▼	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	30-Sep-24	0	4,338	4,675	2,351	-	▼	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Sep-24	100%	44.7%	41.2%	56.7%	✓	▼	52.9%	30-Jun-24	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	30-Sep-24	Reduction	844	823	1057		▲	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	30-Sep-24	0	305	327	449	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Sep-24	100%	63.9%	60.3%	57.5%	✓	▲	40.0%	30-Jun-24	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Aug-24	95%	84.2%	83.6%	62.6%	✓	▲	63.5%	31-Aug-24	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance. The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment. The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Aug-24	-	64/76	56/67	72/115	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	31-Aug-24	95%	100.0%	100.0%	100.0%	-	▲	85.5%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	31-Aug-24	-	16/16	15/15	15/15	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	31-Aug-24	95%	88.9%	91.7%	66.7%	-	▲	60.9%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	31-Aug-24	-	8/9	11/12	12/18	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	31-Aug-24	95%	-	-	50.0%	-	-	20.0%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	31-Aug-24	-	0/0	0/0	2/4	-	-	-	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	31-Aug-24	95%	100.0%	50.0%	50.0%	-	▲	75.7%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	31-Aug-24	-	1/1	1/2	5/10	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	31-Aug-24	95%	83.3%	70.0%	62.5%	-	▲	86.0%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	31-Aug-24	-	10/12	7/10	10/16	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	31-Aug-24	95%	100.0%	66.7%	100.0%	-	▲	77.4%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	31-Aug-24	-	1/1	2/3	2/2	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	31-Aug-24	95%	100.0%	100.0%	33.3%	-	▲	37.2%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	31-Aug-24	-	2/2	2/2	1/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	31-Aug-24	95%	-	100.0%	100.0%	-	▲	83.3%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	31-Aug-24	-	0/0	2/2	3/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	31-Aug-24	95%	100.0%	100.0%	62.5%	-	▲	83.8%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	31-Aug-24	-	17/17	10/10	5/8	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	31-Aug-24	95%	50.0%	54.5%	47.2%	-	▲	41.3%	31-Aug-24	
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	31-Aug-24	-	3/18	6/11	17/36	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Aug-24	95%	99.0%	98.9%	98.4%	✓	▲	93.7%	31-Aug-24	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Aug-24	-	103/104	91/92	123/125	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Jun-24	95%	82.1%	78.0%	67.1%	✓	▲	71.7%	30-Jun-24	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Jun-24	95%	99.7%	97.7%	97.4%	✓	▲	95.1%	30-Jun-24	

BETTER CARE													
INPATIENTS & DAYCASES													
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Sep-24	0	1490	1238	1244	-	-	-	-	
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Sep-24	100%	44.1%	47.7%	48.6%	-	▼	58.4%	30-Jun-24	Treatement Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	30-Sep-24	Reduction	5,696	5,603	4,862	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Sep-24	Reduction	3,197	3,252	2,506	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	30-Sep-24	100%	43.9%	42.0%	48.5%	✓	▼	31.6%	30-Jun-24	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	30-Sep-24	Monitor	5.9%	6.3%	5.9%	✓	◄►	3.8%	30-Jun-24	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
READMISSIONS													
R1	FV	Monthly	Readmissions - Surgical 7 day	30-Sep-24	Reduction	2.2%	2.5%	2.4%	-	▲	-	-	
R2	FV	Monthly	Readmissions - Surgical 28 day	30-Sep-24	Reduction	4.1%	5.4%	5.5%	-	▲	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R3	FV	Monthly	Readmissions - Medical 7 day	30-Sep-24	Reduction	1.7%	1.4%	1.3%	-	▼	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	30-Sep-24	Reduction	4.2%	3.1%	3.4%	-	▼	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Sep-24	90%	79.8%	70.8%	67.1%	✓	▲	80.4%	30-Jun-24	
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	30-Sep-24	Reduction	826	789	655	-	▼	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Sep-24	90%	73.2%	71.5%	70.7%	✓	▲	80.3%	30-Jun-24	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
CHILD & ADOLESCENT MENTAL HEALTH SERVICES													
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Sep-24	90%	98.6%	100.0%	35.0%	✓	▲	85.1%	30-Jun-24	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Sep-24	Reduction	76	92	173	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Sep-24	90%	93.2%	97.3%	37.2%	✓	▲	84.1%	30-Jun-24	
SUBSTANCE USE													
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	30-Jun-24	90%	94.0%	82.5%	96.5%	✓	▼	93.2%	30-Jun-24	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	30-Jun-24	90%	98.3%	96.7%	100.0%	✓	▼	95.0%	30-Jun-24	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	31-Aug-24	100%	76.6%	63.3%	57.2%	✓	▲	-	-	
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-Aug-24	100%	73.3%	80.8%	81.3%	✓	▼	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-Aug-24	100%	25.0%	9.2%	21.6%	✓	▲	-	-	

BETTER WORKFORCE													
REF	**Target Type**	**FREQUENCY**	**MEASURE**	**DATE**	**TARGET**	**CURRENT POSITION**	**PREVIOUS POSITION**	**PREVIOUS YEAR**	**RUN CHART**	**DIRECTION OF TRAVEL (YEAR ON**	**SCOTLAND POSITION**	**SCOTLAND DATE**	
WF3	SG	Monthly	Overall Absence	31-Aug-24	4.0%	7.31%	8.03%	7.05%	✓	▼	6.08%	31-Aug-24	From 1st April 2024 all coronavirus absences are included within the sickness absence totals. Hours lost due to sickness absence / total hours available (%). Short Term Absence - a period of sickness absence of 28 days or less Long Term Absence - a period of sickness absence lasting over 28 days
WF4	FV	Monthly	Short Term Absence	31-Aug-24	-	2.30%	2.81%	2.46%	-	▲	-	-	
WF5	FV	Monthly	Long Term Absence	31-Aug-24	-	5.01%	5.28%	4.59%	-	▼	-	-	
WF6	FV	Rolling 12 mth	Overall Absence	31-Aug-24	-	7.69%	7.66%	7.49%	-	▼	6.54%	31-Aug-24	

BETTER VALUE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES													
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	30-Sep-24	Reduction	71	82	63	✓	▼	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	30-Sep-24	Reduction	44	48	44	✓	◄►	-	-	
			Clackmannanshire	30-Sep-24	Reduction	8	13	5	✓	▼	-	-	
			Stirling	30-Sep-24	Reduction	14	17	13	✓	▼	-	-	
			Outwith Forth Valley	30-Sep-24	Reduction	5	4	1	✓	▼	-	-	
VA2	FV		Code 9 & Guardianship Delays	30-Sep-24	Reduction	58	53	43	✓	▼	-	-	
			Falkirk	30-Sep-24	Reduction	21	25	22	✓	▲	-	-	
			Clackmannanshire	30-Sep-24	Reduction	13	7	4	✓	▼	-	-	
			Stirling	30-Sep-24	Reduction	21	18	14	✓	▼	-	-	
			Outwith Forth Valley	30-Sep-24	Reduction	3	3	3	✓	◄►	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	30-Sep-24	Reduction	3,020	3,307	2,667	✓	▼	-	-	
			Falkirk	30-Sep-24	Reduction	1,584	2,052	1,463	✓	▼	-	-	
			Clackmannanshire	30-Sep-24	Reduction	521	480	443	✓	▼	-	-	
			Stirling	30-Sep-24	Reduction	353	353	249	✓	▼	-	-	
			Outwith Forth Valley	30-Sep-24	Reduction	562	422	512	✓	▼	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	30-Sep-24	Reduction	49	56	49	-	◄►	-	-	
AVERAGE LENGTH OF STAY													
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	30-Sep-24	Reduction	6.53	7.03	7.08	-	▲			This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients
EFFICIENCY													
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	30-Sep-24	Reduction	1,686	1,674	1,662	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Sep-24	Reduction	814	974	842	-	▲	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	30-Sep-24	Reduction	100.9%	101.7%	108.0%	-	▲	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	30-Sep-24	Reduction	103.4%	107.3%	103.1%	-	▼	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	30-Sep-24	Reduction	84.2%	82.7%	78.4%	-	▼	-	-	
EQUITABLE													
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	74.4%	-	▲	75.9%	2020/23	Percentage uptake (three-year rolling periods), females aged 50-70 years
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	-	▼	68.7%	2021/22	The percentage of eligible women who are up-to-date with their screening participation
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2021/23	60%	66.6%	67.3%	67.3%	-	▼	66.1%	2021/23	Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2022/23	75%	24.1%	80.8%	80.8%	-	▼	70.7%	2022/23	Percentage of eligible population who are tested before age 66 and 3 months
		Annually	Surveillance AAA scan (quarterly)	2022/23	90%	81.0%	94.2%	94.2%	-	▼	93.2%	2022/23	Due to attend quarterly surveillance and tested within 4 weeks of due date
		Annually	Surveillance AAA scan (annually)	2022/23	90%	84.4%	97.6%	97.6%	-	▼	94.0%	2022/23	Due to attend annual surveillance and tested within 6 weeks of due date
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	31-Mar-24	86.75	79	39	69	-	▲	-	-	The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 7,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	31-Mar-24	100%	91.1%	45.0%	79.5%	-	▲	98.8%	31-Mar-24	
FINANCE													
F1	SG	FYTD	Year to date revenue position	31-Aug-24	Breakeven	-£15.615m	-£11.242m	-£5.4m	-	▼	-	-	

Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target ▼ - Deterioration in period or below target ◄► - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	

3. Performance Exceptions Report

3.1 Unscheduled Care

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

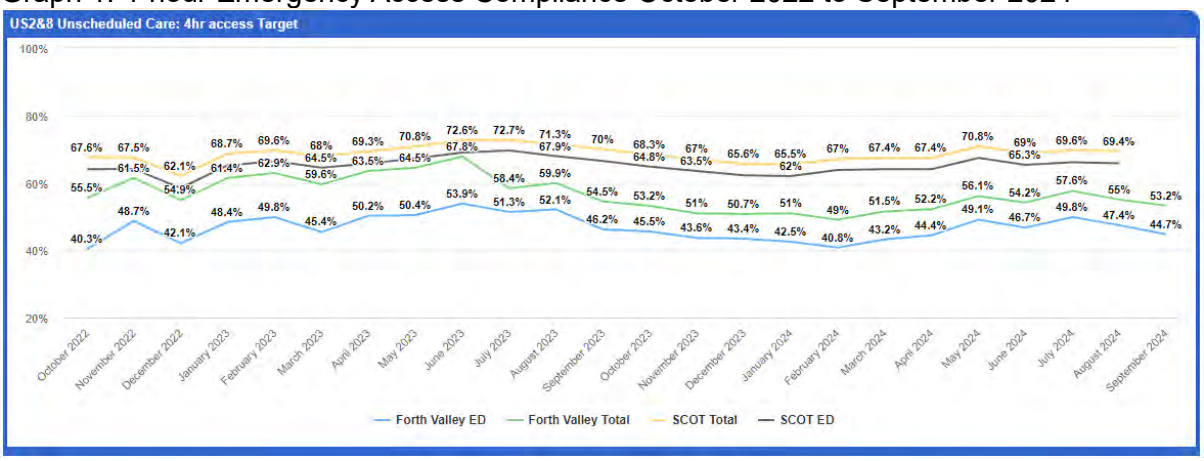
Current Performance

- September 2024 ED Compliance 53.2% - Forth Valley Total.
- September 2024 ED Compliance 44.7% - ED Only.

Scotland Performance

- August 2024 ED Compliance 69.4% - Scotland Total.
- August 2024 ED Compliance 65.8% - Scotland ED Only.

Graph 1: 4-hour Emergency Access Compliance October 2022 to September 2024



Overall compliance with the 4-hour emergency access standard (EAS) in September 2024 was 53.2%; Minor Injuries Unit 98.5%, Emergency Department 44.7%. A total of 2,834 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,334 waits longer than eight hours, 594 waits longer than 12 hours and 56 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,825 patients, noting this is slightly higher than 1,738 in September 2023. Wait for a bed accounted for 548 patients waiting beyond 4 hours with Clinical reasons accounting for 129 breaches.

The whole system urgent and unscheduled care delivery plan aligns to the national unscheduled care work streams and addresses the local requirements for improvement. Six workstreams are currently in place however - Community urgent care; Flow navigation centre; Hospital at home; Front door; Flow optimisation; Whole system. The plan is currently under review with a view to identifying any gaps and refocussing to ensure the plan is fully integrated with agreed target operating models for the front door, ward areas and delayed discharges. This work is scheduled to be completed in the next 3 to 4 weeks.

The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. This in turn will reduce patient length of stay and reduce the financial burden.

In September 2024 there were 486 new attendances to Rapid Assessment and Care Unit (RACU), 111 of which were via ED. This is compared to 522 new attendances in July 2023, 156 of which presented via ED. There were 116 scheduled returns in September 2024 compared with 120 in September 2023. 588 patients were redirected from ED to a more

suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 10.9% of all ED attendances in September.

NHS Forth Valley is working to improve the delivery of Out of Hours services supported by a comprehensive action plan.

3.2 Delayed Discharge

- Number of patients waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.
- Number of Bed Days Occupied by delayed discharges.
- Number of Guardianship, Code 9, and Code 100.

Current Performance

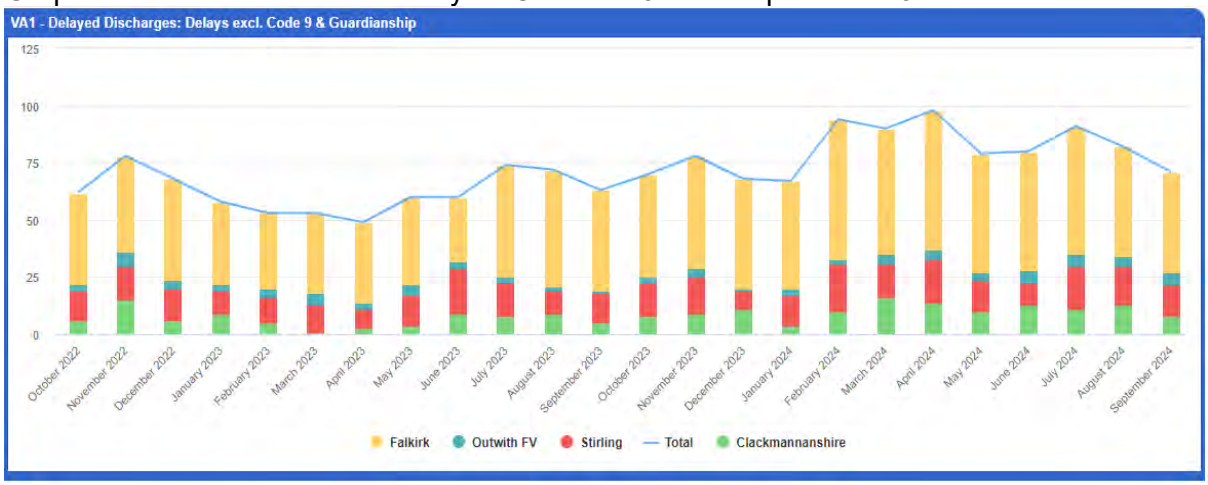
At the September 2024 census:

- 52 patients were delayed in their discharge for more than 14 days.
- 19 patients delayed less than 14 days.
- 44 guardianship delays.
- 14 code 9 delays.
- 129 delays in total.
- 2 code 100 delays.
- 3,020 bed days were lost due to delays in discharge.

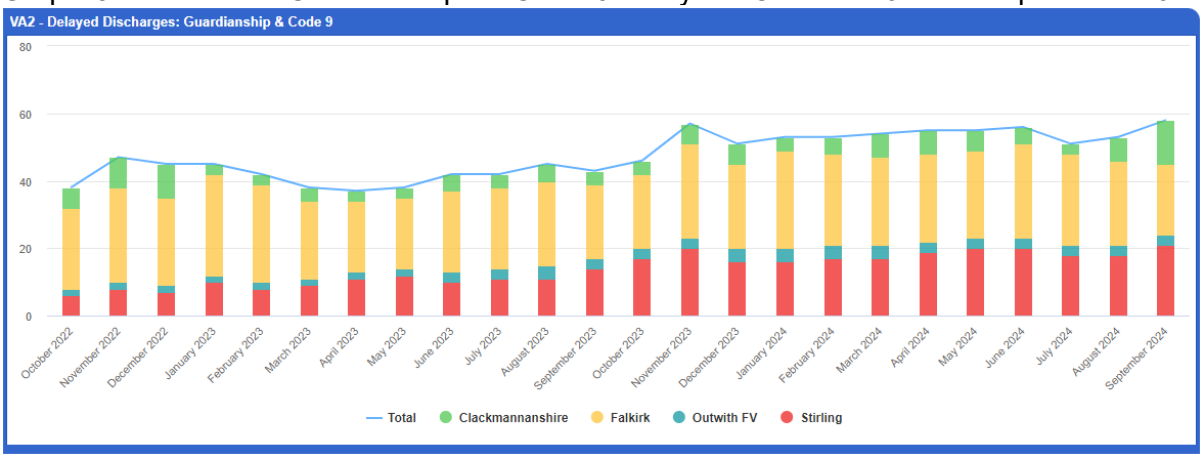
Scotland Performance

- There is no direct Scotland comparison.

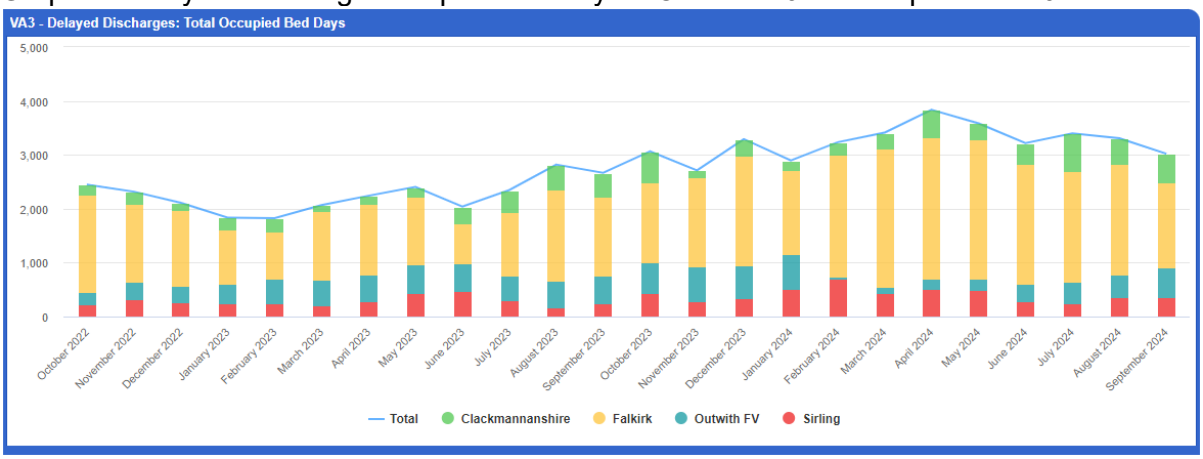
Graph 2: Number of standard delays – October 2022 to September 2024



Graph 3: Number of Guardianship or Code 9 delays – October 2022 to September 2024



Graph 4: Delayed Discharge occupied bed days – October 2022 to September 2024



The September 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 71 delays; this is compared to 63 in September 2023. There was a total of 58 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 129.

In addition, there were 2 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the September 2024 census was 3,020, this is an increase from 2,667 in September 2023. Local authority breakdown is noted as Clackmannanshire 521, Falkirk 1,584, and Stirling 353. There were a further 562 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Delayed Discharges have become a particular focus of attention at Scottish Government and COSLA in recent weeks due to the unprecedented levels for Scotland as a whole. Weekly meetings have been put in place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with expected attendance by all 31 Chief Officers or their substitute. There are also two national short life working groups that have been established to focus on Mental Health, Learning Disabilities and AWI delays, and secondly Targeted Improvement and Performance Support.

Targets have been set for each HSCP to reduce their respective share and the global delayed discharge figure by several hundred by October in anticipation of Winter. Performance is

monitored on a weekly basis at the national meetings. The target for all Partnerships is to get to 34.6 delayed patients per 100K over 18 years of age population. This issue is receiving considerable daily focus and attention by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site. There is a focus on refining processes across our whole system discharge and flow activity. This includes process improvements around assessment and for adults with incapacity. Colleagues are visiting other board areas to learn from what is working well elsewhere and developing tests of change locally.

Scheduled Care

3.3 Outpatients

The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target.

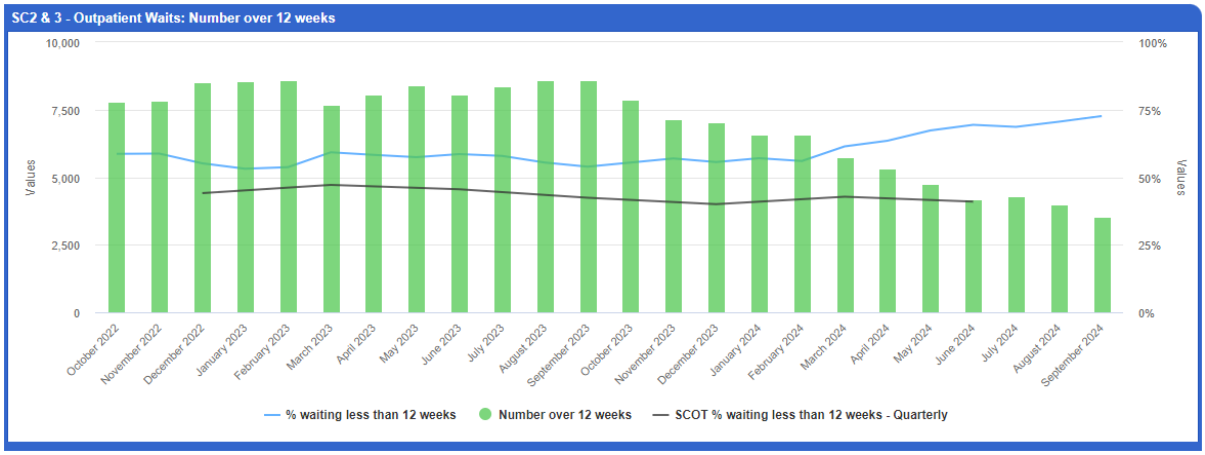
Current Performance

- September 2024 9,333 patients waiting within 12 weeks for new outpatient appointment – 72.6% compliance.
- In quarter 1, 69.4% of new outpatients were waiting less than 12 weeks.

Scotland Performance

- In quarter 1, 40.9% of new outpatients were waiting less than 12 weeks.

Graph 5: Outpatient waits over 12 weeks – October 2022 to September 2024



NHS Forth Valley concurrently treat patients that require urgent clinical care as well as those waiting for long periods, in line with associated Scottish Government targets.

At the end of September 2024, the number of patients on the waiting list for a first outpatient appointment was 12,851 compared with 18,646 in September 2023 with the number waiting beyond 12 weeks 3,518 compared to 8,595 in September 2023. Note 72.6% of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 53.9% the same period the previous year. Activity against the 2024/25 annual delivery plan highlights we have completed 113% of the predicted activity for quarter 2.

3.4 Inpatients

Treatment Time Guarantee (TTG) - Eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat – 100% Target.

Current Performance

- Inpatient/Daycase treatment time guarantee Quarter 2 – 44.1%

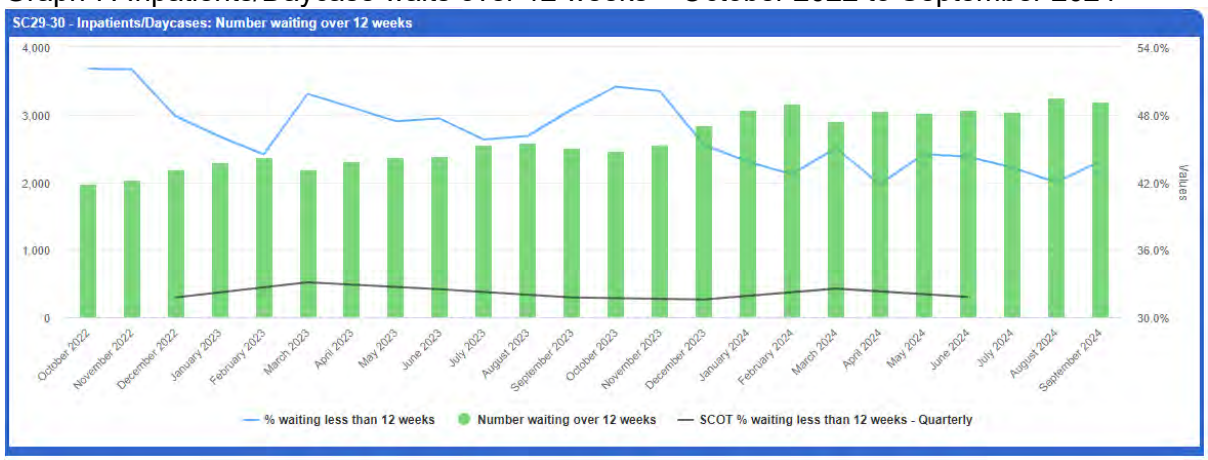
- September 2024 – 5,696 patients waiting on an inpatient/daycase treatment – 43.9% waiting under 12 weeks.
- In quarter 2, 43.9% of inpatients and daycases had an ongoing wait under 12 weeks.

Scotland Performance

- Inpatient/Daycase treatment time guarantee Quarter 1 – 58.4%.
- In quarter 1, 31.8% of inpatients and daycases had an ongoing wait under 12 weeks.

Graph 6: 12 Week Treatment Time Guarantee

Graph 7: Inpatients/Daycase waits over 12 weeks – October 2022 to September 2024



In September 2024, the number of inpatients/daycases waiting increased to 5,696 from 5,603 the previous month and from 4,862 in September 2023. An increase from the previous year in those waiting beyond 12 weeks was also noted. Activity against the 2024/25 annual delivery plan highlights we have completed 106% of the predicted activity for quarter 2.

3.5 Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in September 2024 was 1.1% of the total waiting list.
- Inpatient/daycase unavailability in September 2024 was 5.9% the same as September 2023. The unavailability rate is less than 8% for all specialties except for Orthopaedics at 9.35% (175 patients respectively). This position is monitored on an ongoing basis.

3.6 Did Not Attend (DNA)

The new outpatient DNA rate across acute services in September 2024 is noted as 4.6% which is an improvement from the position in September 2023 of 6.8%. Variation across specialties continues with rates ranging from 28.6% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 8.6% (56 patients) and ENT 3.6% (25 patients).

The return outpatient DNA rate across acute services in September 2024 was 7.3%. There continues to be a high number of DNAs in Ophthalmology with 249 patients (7.3%), Diabetes 194 patients (15.3%) and Orthodontics 170 patients (15.3%).

A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. Application of the Access Policy is actively endorsed and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process to cancel or change an appointment with the relevant contact information.

3.7 Diagnostics

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

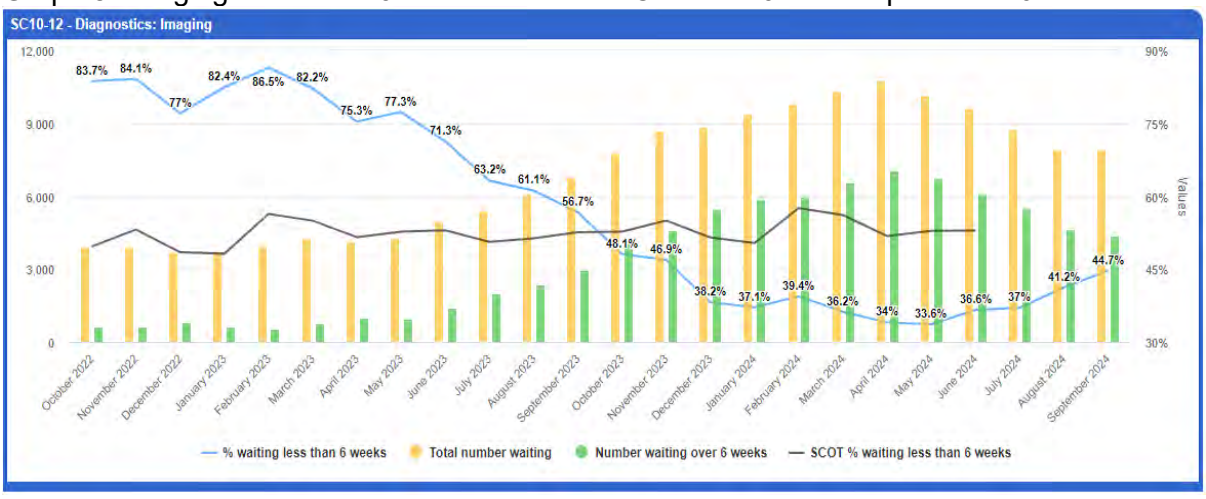
Current Performance

- September 2024 - Imaging – 4,398 patients waiting beyond 6 weeks; 44.7% were waiting less than 6 weeks.
- September 2024 - Endoscopy - 305 patients waiting beyond 6 weeks; 63.9% were waiting less than 6 weeks.

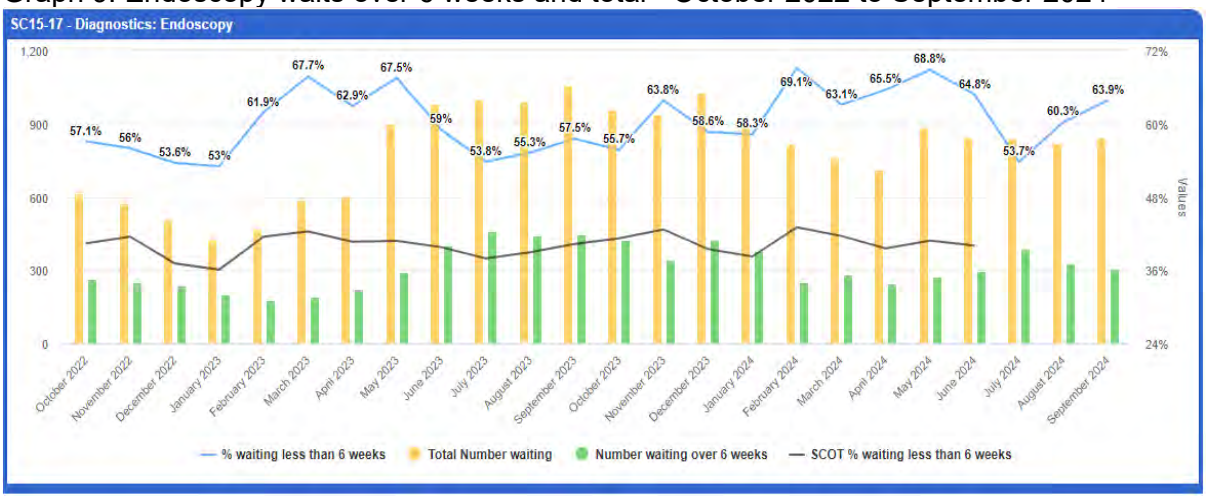
Scotland Performance

- Imaging – 52.9% of patients were waiting less than 6 weeks in June 2024.
- Endoscopy – 40.0% of patients were waiting less than 6 weeks in June 2024.

Graph 8: Imaging waits over 6 weeks and total - October 2022 to September 2024



Graph 9: Endoscopy waits over 6 weeks and total - October 2022 to September 2024



3.7.1 Imaging

At the end of September 2024, 4,398 patients were waiting beyond the 6-week standard for imaging, an increase from 2,951 in September 2023 however there is a slight in-month improvement. 44.7% of patients waiting less than the standard noting an improvement month on month since April 2024. Activity against the 2024/25 annual delivery plan highlights we have completed 124% of the predicted activity at quarter 2.

Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in September 2024 was 7,951; an increase from 6,811 in September 2023.

Note that scan requests for urgent suspicion of cancer are prioritised.

A CT van is on-site, funded by Scottish Government, to support bring our longest waiting patients in line with the 6-week target. Activity is shared 50:50 with NHS Lanarkshire.

MRI has been impacted this year due to the National Treatment Centre allocations being applied. The performance in MRI continues to be consistent however as the scanners run 13hrs/day, 7-days/week there is no scope for increased capacity at present. The Forth Valley NTC allocation for 2024/2025 has been increased by 20%.

Challenges remain in Ultrasound however the Scottish Government has agreed to fund a Locum Sonographer for 6-months to cover weekend working to support driving drown the long waits. There is no backfill for a Sonographer when absent, so activity levels will usually decrease during holiday periods.

3.7.2 Endoscopy

At the end of September 2024, 305 patients were waiting beyond 6 weeks for endoscopy compared to 449 in September 2023. 63.9% of patients waiting less than the 6-week standard. Activity against the 2024/25 annual delivery plan highlights we have completed 137% of the predicted activity at quarter 2. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 844 patients in September 2024 noting a reduction from 1,057 in September 2023.

The Endoscopy team is working closely with the Quality improvement team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible.

3.8 Cancer

The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

Current Performance

- In August 2024, 84.2% of patients were seen within the 62-day standard.
- In the quarter ending June 2024, 82.1% of patients were seen within the 62-day standard.

Scotland performance

- In the quarter ending June 2024, 71.7% of patients were seen within the 62-day standard.

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

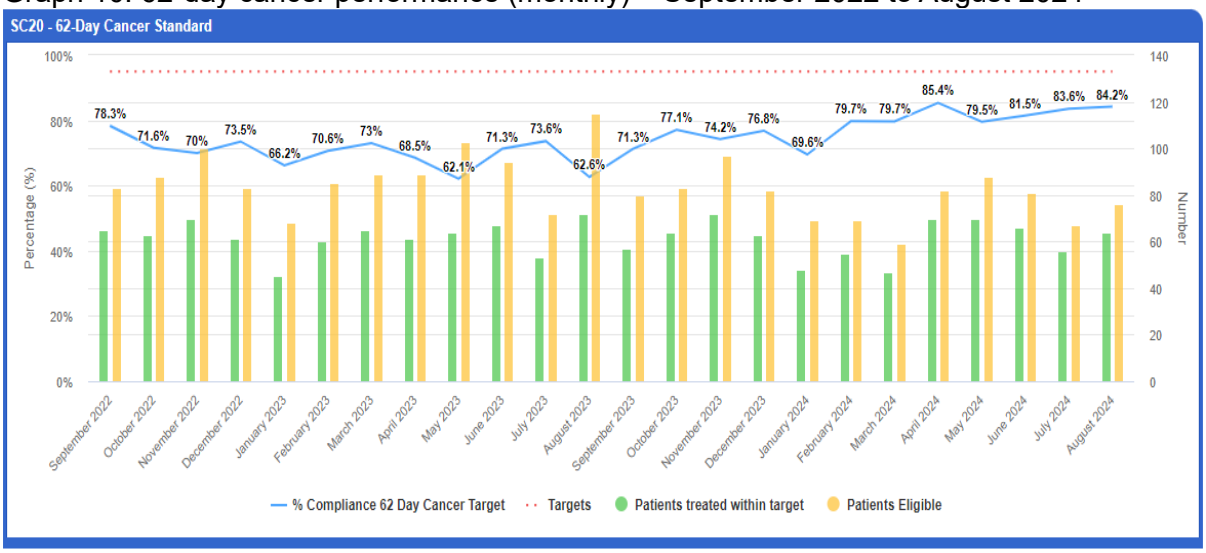
Current Performance

- In August 2024, 99.0% of patients were seen within the 31-day standard.
- In the quarter ending June 2024, 99.7% of patients were seen within the 31-day standard.

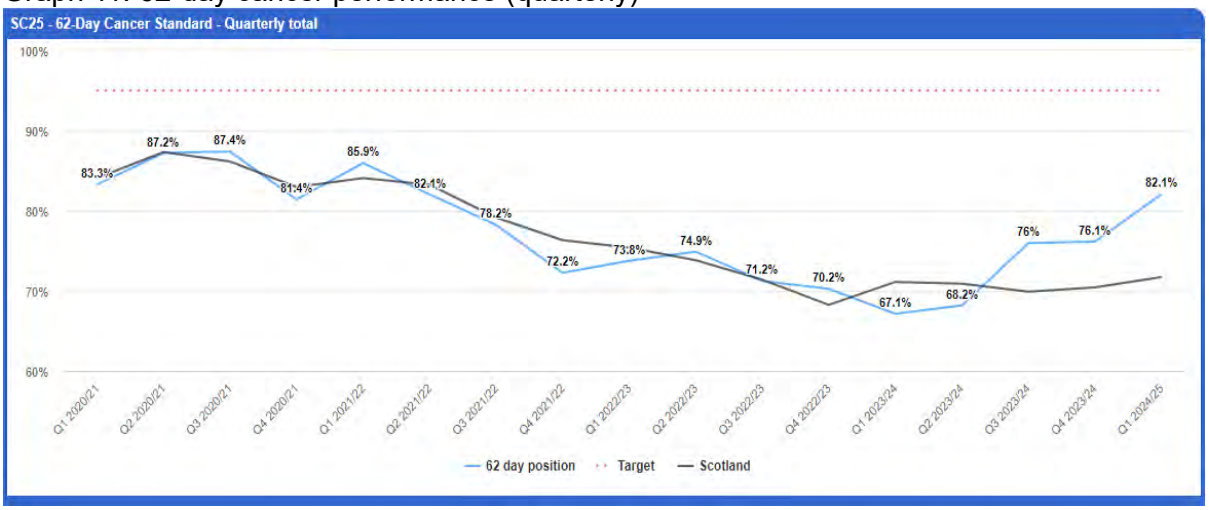
Scotland Performance

- In the quarter ending June 2024, 95.1% of patients were seen within the 31-day standard.

Graph 10: 62-day cancer performance (monthly) – September 2022 to August 2024



Graph 11: 62-day cancer performance (quarterly)



Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 750 of which 12% are confirmed cancer patients.

Seven of the 10 cancer pathways achieved 100% with colorectal 88.9%, lung 83.3% and urology 50.0%. The highest number of breaches are within the urology pathway with 9 out of 18 patients not meeting the standard.

3.9 Psychological Therapies

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

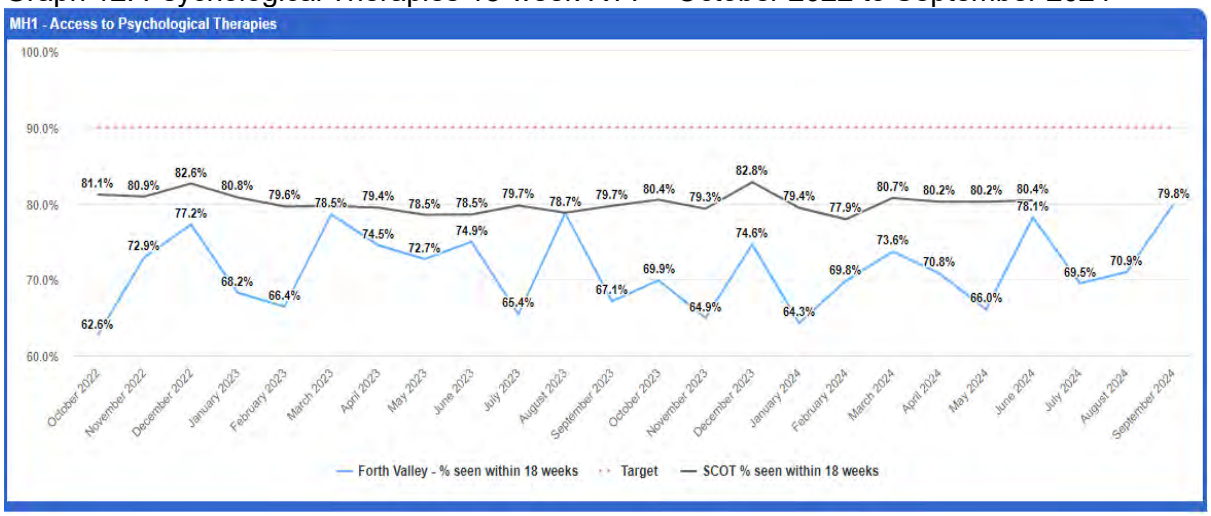
Current Performance

- In September 2024, 79.8% of patients were treated within 18 weeks.
- In quarter 2, 73.2% of patients were treated within 18 weeks.

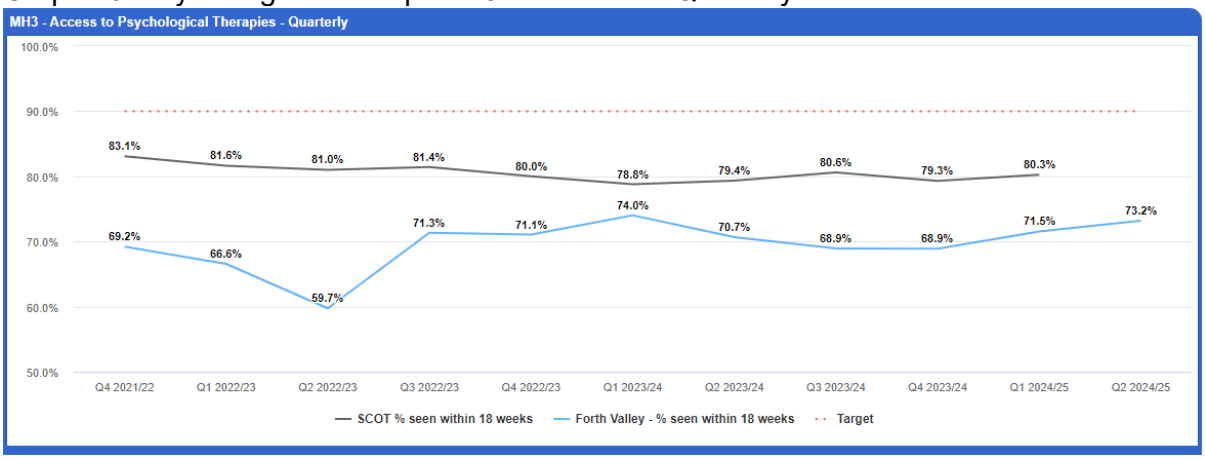
Scotland Performance

- In June 2024, 80.4% of patients were treated within 18 weeks.
- In quarter 2 Compliance, 80.3% of patients were treated within 18 weeks.

Graph 12: Psychological Therapies 18-week RTT – October 2022 to September 2024



Graph 13: Psychological Therapies 18-week RTT – Quarterly



In September 2024, draft numbers show 79.8% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 70.8% and from 67.1% in September 2023. This improvement can be explained by a combination of good uptake of digital therapies which routinely begin within 18 weeks and the end of trainee placements which reduces capacity to start therapy with for patients who have had lengthy waits.

The median monthly RTT has improved from 66.3% in 2022/2023 to 71.3% in 2023/2024.

The number of people awaiting assessment has been increasing since quarter 1 of 2023/2024 with 823 people awaiting assessment in September 2024. This is due the increase in referrals to the service over the same period, with these now impacting the numbers waiting over 18 weeks for assessment. There has also been an increase in the numbers waiting to start treatment which in turn impacts on capacity for assessment.

3.10 Workforce

To reduce sickness absence to 4%

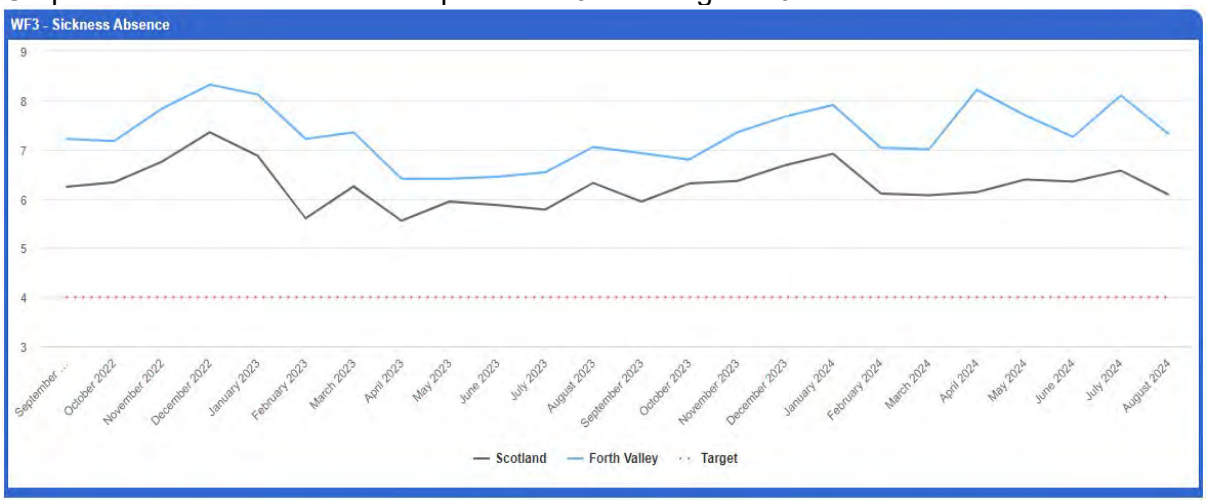
Current Performance

- 7.31% absence rate in August 2024

Scotland Performance

- 6.08% absence rate in August 2024

Graph 14: Sickness Absence - September 2022 to August 2024



The sickness absence target is 4.0%. Absence remains above the target at 7.31% in August 2024 noting an increase from 7.05% in August 2023. The 12-month rolling average September 2023 to August 2024 is noted as, NHS Forth Valley 7.69%; Scotland 6.54%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health, and Staff Wellbeing. An Attendance Management Plan has been developed in partnership with staff side colleagues and an audit of the implementation of the NHS Once for Scotland Attendance Policy had been undertaken to review adherence and to understand any barriers.

A range of Occupational Health support services are undertaken with a recent review and redesign of core clinical work to align with Once for Scotland Policies. A review of managerial and self-referral pathways has been undertaken along with the development of a proactive Occupational Health consultation advice line and educational training package for accessing Occupational Health services.

With research evidence highlighting the link between the health and wellbeing of the workforce, and the ability to deliver high-quality patient care, work to support employee wellbeing continues supported by the Staff Support and Wellbeing Programme Group.

Issues in relation to workforce continue to be examined and discussed at the quarterly Staff Governance Committee.

4. Implications

Financial Implications
Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- SRR.005: Financial Breakeven

If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

Workforce Implications
Specific workforce issues aligned to areas of performance are highlighted within the report.
The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital
There are no specific infrastructure implications in respect of this paper.

Sustainability Implications
There are no specific sustainability implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*

□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management
Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- SRR.002 Urgent & Unscheduled Care

If NHS Forth Valley does not have enough whole system capacity and flow to address key areas of improvement there is a risk that we will be unable to deliver safe, effective, and person-centred unscheduled care resulting in a potential for patient harm, increases in length

of stay, placement of patients in unsuitable places, and a negative impact on patients and staff experience.

- SRR.004 Scheduled Care

If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm, and failure to meet targets.

- SRR.016 Out of Hours

If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – Psychological Therapies and CAMHS and the 62-day cancer target.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Relevance to Strategic Priorities
The NHS Board is accountable for the scrutiny and performance of NHS Forth Valley as a whole and to ensure that best value principles are adhered to in delivery and commissioning of services.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation
Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

FORTH VALLEY NHS BOARD
Tuesday 26 November 2024

16. Finance Report
For: Noting

Executive Sponsor: Professor Ross McGuffie, Chief Executive
Author: Mr Scott Urquhart, Director of Finance & Mrs Jillian Thomson, Deputy Director of Finance

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1. Executive Summary

1.1 The 2024/25 financial position remains exceptionally challenging for NHS Forth Valley and across NHS Scotland.

1.2 Locally, ongoing operational service and financial pressures continue to drive a projected year-end deficit which is significantly higher than original planning assumptions. A deficit (overspend) of £30m is projected for 2024/25, which reflects an improvement from the previously reported position following ongoing review of savings progress including increased confidence in nurse agency reductions, receipt of unanticipated funding allocations, and additional non-recurring opportunities. The outturn projection remains subject to change pending confirmation of outstanding assumptions and risks including the impact of IJB risk share arrangements currently estimated at £5m which are not yet included in the forecast outturn.

1.3 It should be noted that the majority of these improvements reflect non-recurring (one-off) benefits which do not contribute towards recovering the underlying recurring financial gap. Further cost reductions and efficiencies continue to be required to support a path to financial sustainability between now and the end of the financial year through additional savings and the continued application of enhanced internal financial controls.

1.4 Medium term financial plans continue to be developed, building on a set of service redesign principles aligned to Value Based Health and Care, and using evidence-based approaches with wide engagement and input from our teams. An initial outline financial plan for 2025/26 setting out key planning parameters, working assumptions and timescales will be presented to the Strategic Planning, Performance and Resources Committee (SPPRC) at its meeting on 17th December.

2. Recommendations

The NHS Board is asked to:

- **note** the significant level of ongoing financial pressure across our services with a range of ongoing positive actions continuing to be applied to reduce expenditure.
- **note** a £30m deficit is projected for 2024/25, reflecting an improved position on previously reported forecasts.
- **note** that initial financial planning estimates for 2025/26 will be presented to the SPPRC at its next meeting on 17 December.

3. Assurance

3.1 Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

3.2 A Reasonable level of assurance is reported on the basis that mitigating actions which are within our direct control to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

4. Key Issues to be considered

2024/25 Forecast outturn

4.1 Based on the financial planning assumptions presented to the NHS Board in March 2024, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2023/24, an initial funding gap of £58.4m (8.6% of our baseline budget) was identified for 2024/25.

4.2 A range of cost improvement plans and efficiency initiatives were developed to mitigate the £58.4m gap as far as possible, with total targeted savings for 2024/25 estimated at £43.8m, leaving a residual deficit of £14.5m to be addressed (equivalent to 2.1% of baseline budget). As previously reported, the financial results to date suggest that that the deficit could reach £35m to £40m by the end of the financial year (more than double the original projected deficit of £14.5m). Following further savings progress and receipt of unplanned non-recurring funding during November, the projected deficit has been revised downwards to £30m.

4.3 Work continues, via the Financial Sustainability Oversight Board, to consider further options to reduce the deficit as far as possible in year, including pausing/delaying planned service developments, moratoriums on key items of expenditure and identification of further non-recurring savings initiatives that can be delivered by 31 March 2025. However, it is recognised that as we approach winter, there is unlikely to be sufficient scope to substantively improve the outturn projection other than through additional funding or application of more radical measures that would have a significantly detrimental impact on performance or patient experience.

4.4 Note that the current £30m projected deficit remains subject to additional risk pending confirmation of a number of potential additional costs (including IJB risk share arrangements and CNORIS contributions).

5. Implications

Financial Implications

5.1 Financial implications are considered in the main body of the report.

Workforce Implications

5.2 There are no immediate workforce implications associated with this report. However, it is recognised that Workforce accounts for a significant proportion of total operating expenditure and is therefore a key financial risk area and a key feature of our Financial Sustainability Action Plan

Infrastructure Implications including Digital

5.3 There are no immediate infrastructure or digital implications associated with this report. However, it is clear that digital opportunities are key element of the Financial Sustainability Action Plan.

Sustainability Implications

5.4 There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our Financial Sustainability Action Plan.

Sustainability Declaration

5.5 *Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL*

(2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*

□ *Yes*
□ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

5.6 It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy. This is supported by the concept of "spending well" and making the most of our resources in terms of cost effectiveness and best value which is a key strand of our Financial Sustainability Action Plan.

Information Governance Implications

5.7 There are no direct information governance implications arising from this report.

Risk Assessment / Management

5.8 Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the financial impact of ongoing operational service and capacity pressures.

Relevance to Strategic Priorities

5.9 There is a statutory requirement for NHS Boards to operate within the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement set by the Scottish Government.

Equality Declaration

5.10 The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (*please tick relevant box)*

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

5.11 This report was prepared in consultation with Senior Finance colleagues.

Additional Information

5.12 N/A

Appendices

Appendix 1 – 2024/25 YTD savings delivery

1.0 OVERVIEW OF MONTH 7 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results for the 7-month period ending 30 September 2024

An overspend of £18.2m is reported for the first 7 months of the financial year as summarised in Table 1 below, with a projected year end overspend of £27.9m. The overspend continues to be driven by pressures in the Acute Services Directorate and Women and Children's Directorate. However unprecedented financial pressures are also being experienced in various corporate functions (particularly in relation to Externals, Digital and Facilities).

TABLE 1: NHS Forth Valley 2024/25 Finanical performance	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Set Aside & Non-Delegated Functions*					
Acute Servies	251.236	141.821	159.187	(17.366)	(29.531)
Women & Children's	59.623	33.542	36.233	(2.691)	(3.998)
Cross Boundary Flow/External SLAs	65.257	37.955	40.054	(2.099)	(3.020)
Non-delegated Community Services	38.565	21.862	23.028	(1.166)	(1.759)
Facilities	115.260	67.020	68.060	(1.040)	(1.719)
Digital	12.887	7.295	8.060	(0.765)	(1.290)
Corporate Functions	36.021	18.339	18.146	0.193	(1.054)
Ringfenced and Contingency Budgets	27.106	6.358	0.000	6.358	12.899
Income	(31.362)	(17.798)	(18.212)	0.414	1.542
Sub total	**574.593**	**316.394**	**334.556**	**(18.162)**	**(27.930)**
Delegated Functions					
Operational Services	143.541	81.700	78.893	2.807	
Universal Services	174.493	105.136	110.867	(5.731)	
IJB reserves	7.779	2.924	0.000	2.924	
Sub total	**325.813**	**189.760**	**189.760**	**(0.000)**	
Reserve transfers (to)/from IJB					
Clackmannanshire & Stirling IJB					
Falkirk IJB					
Sub total	**0.000**	**0.000**	**0.000**	**0.000**	
TOTAL	**900.406**	**506.154**	**524.316**	**(18.162)**	

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £574.593m above is £81.042m. An overspend of £7.080m is reported at month 7.

NHS Board level variance analysis of the £18.2m year to date overspend indicates that combined non-pay and income budgets are overspent by £9.4m. Key pressures relate to drugs, surgical sundries, equipment (in terms of service contracts), Service Level Agreements with other external Providers and transport. £7.0m of historic unachieved savings targets from prior years is another contributory factor in the YTD results.

With respect to pay budgets – an overspend of £8.1m is reported at end October, largely due to medical staffing overspends, followed by nurse budget overspends. Note that the medical staffing overspend has increased compared to the same period last year. However this contrasts with the position on nursing where the overspend has improved compared to the same period last year.

Overall expenditure on supplementary staffing across the whole system amounted to £22.8m at end October (down £5.0m or 18% on the same period in the previous year which is largely due to the

impact of workforce savings initiatives and enhanced controls relating to nurse agency use as per the Financial Sustainability Action Plan).

Table 2 below provides a high-level comparison of non-core staffing costs during the first 7 months of the financial year compared to the same period in the previous year. Note that the overtime costs reported in table 2 will include the impact of the transitional overtime allowance payable in respect of the phased implementation of the 30-minute reduction in the working week under Agenda for Change T&Cs (this will be funded by the Scottish Government).

Table 2: Non-Core Staffing Costs	Apr to Oct 2023 £	Apr to Oct 2024 £	Better/ (Worse) £
Admin agency	45,763	97,092	(51,329)
Admin bank	885,443	801,757	83,686
Medical agency	2,791,520	2,752,274	39,246
Medical bank	1,931,381	1,384,402	546,979
Medical locum	997,405	666,488	330,917
Nurse agency	7,914,123	2,702,951	5,211,172
Nurse bank	11,364,963	12,359,707	(994,744)
Other agency	180,586	106,672	73,914
Other bank	857,041	792,960	64,081
Overtime	837,912	1,133,334	(295,422)
Total	**27,806,137**	**22,797,637**	**5,008,501**

As outlined in table 2, a £5.2m reduction is reported in relation to nurse agency usage compared to the same period in the previous year which is contributing to the improving trend in the nurse budget overspends. This reflects work to eradicate all off-framework agency together with cessation of unregistered nurse agency usage across the whole system. As expected, an element of the previous agency usage has switched to nurse bank, and focus is now on reducing staff bank costs as part of efforts to return nursing workforce levels back to approved budgeted establishment levels. However, it is acknowledged that an element of the nurse bank use will also relate to the reduction in the working week although this is difficult to track.

With respect to medical supplementary staffing, use of bank, agency and locum staff has been steadily increasing since 2021/22 as summarised in table 3 below. Whilst locum usage is currently forecast to reduce in 2024/25, medical bank and agency remains a significant concern. The increase in our medical agency costs in 2023/24 represented the largest relative increase in agency use in Scotland with very little change expected in 2024/25 as summarised below.

Medical	2021/22	2022/23	2023/24	2024/25*
Bank	£0	£554,929	£1,479,084	£2,373,261
Locum	£1,214,780	£1,549,015	£1,736,162	£1,142,551
Agency	£1,150,212	£2,324,720	£4,782,789	£4,718,184
TOTAL	**£2,364,992**	**£4,428,664**	**£7,998,035**	**£8,233,995**

A new Medical Staffing Governance Group has been established which will lead work to review medical supplementary staffing levels including introduction of enhanced approvals and control, consideration of escalated rates and development of a longer-term medical work force strategy.

1.2 Efficiency savings

Implementation of workstreams under the Financial Sustainability Action Plan is ongoing, however the of pace of savings delivery remains behind the planned trajectory. Whilst it's recognised that savings delivery tends to be skewed towards the latter half of the financial year, action must be taken now to ensure the savings plan is achieved and the pace of savings delivery is increased between now and the end of the financial year.

YTD savings delivery is £8.0m behind plan at this stage in the year as summarised in table 4 below.

Annual plan £m	TABLE 4: 2024/25 Finanical Sustainability Action Plan - YTD saving delivery	Apr - Oct plan £m	Apr - Oct actual £m	Variance £m
9.542	Workforce	5.913	4.015	(1.898)
0.328	Procurement	0.191	0.005	(0.186)
4.583	Prescribing (Hopsital based)	2.673	2.353	(0.320)
1.733	Esates & infrastructre	1.011	0.070	(0.941)
0.010	Income Generation	0.006	0.000	(0.006)
0.142	Innovation, Productivity & Digital	0.083	0.000	(0.083)
5.490	Value Based Health & Care	2.853	1.191	(1.662)
22.013	Other (slippage, reprioritisation & other finanical benefits)	14.434	11.486	(2.948)
43.841	**TOTAL**	**27.164**	**19.121**	**(8.043)**
21.664	Recurring	12.634	7.789	(4.845)
22.177	Non-recurring	14.530	11.331	(3.198)
43.841	**TOTAL**	**27.164**	**19.121**	**(8.043)**

Delays in the achievement of savings on the Workforce and Value Based Health and Care categories are largely due to the ongoing use of temporary staff to cover contingency areas. Whilst around 55 contingency beds are now closed these tended to be in areas where supplementary staffing was not fully necessary to administer care in these areas (ie closing the 5th bed in a 4 bedded area where staffing of these areas is largely absorbed by existing substantive staff). Note that ongoing service pressures have led to some closed beds requiring to be re-opened on a temporary basis to manage capacity and flow issues.

Excellent progress has been made in relation to cessation of unregistered nurse agency and off framework nurse agency usage with significant reductions achieved to date (nurse agency costs have reduced by £5.2m compared to the same period in the previous year, offset by an £0.9m increase in staff bank). In addition, a number of hospital prescribing efficiency initiatives linked to various technical switches and off patent benefits are now complete with savings of £2.4m delivered to date as per the phased switch programme. As previously reported, delays in the receipt of energy efficiency data, together with the complexity of contractual arrangements for PFI sites, impacts on the achievement of energy efficiency savings reported under the Estates & Infrastructure category.

2.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £16.6m as at 31st October 2024 as summarised in Table 5 below.

TABLE 5: Clinical Directorates*	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Acute Servies	251.236	141.821	159.187	(17.366)
Women & Children's	59.623	33.542	36.233	(2.691)
Cross Boundary Flow/External SLAs	65.257	37.955	40.054	(2.099)
Non-delegated Community Services	38.565	21.862	23.028	(1.166)
Ringfenced and Contingency Budgets	27.106	6.358	0.000	6.358
Income	(31.362)	(17.798)	(18.212)	0.414
Sub total	**410.425**	**223.740**	**240.290**	**(16.550)**

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total above is £81.042m. An overspend of £7.080m is reported at month 7.

Acute services – an overspend of £17.4m is reported as at end October 2024 (an adverse movement of £2.5m compared to the position reported at end September). This reflects ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay together with ongoing use of contingency areas and additional workforce costs to cover sickness absence. The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is delaying an element of the planned discharge profile from the hospital. Ongoing work to close contingency areas must be targeted to areas with patients who do not clinically require to remain on the acute hospital site.

£12.4m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £7.6m (62%) relates to nurse bank and agency use – key service areas where bank and agency staff are being deployed include Acute Assessment, the Emergency Department, Intensive Care and wards A11, A22, B11, B21, B22 and B32. Medical bank, agency and locum costs remain high, contributing to a £4.2m overspend on medical staffing budgets.

Unachieved historic recurring savings targets are also a key factor together with a number of ongoing Covid legacy costs arising from previous gold command decisions and Scottish Government directives together. A range of other unfunded services, previously supported by non-recurring funding require urgent review. Clear exit strategies are required to reduce and stop costs being incurred going forward and this is currently being worked on by the Acute Services Management team. Significant increases in the cost of drugs and devices are also being experienced (particularly in relation to the uptake of new drugs and devices including hep C medication and diabetes technology such as insulin pumps and continuous glucose monitors).

Women & children's – an overspend of £2.7m is reported at end of October (an adverse movement of £0.5m compared to the position reported at end September). This reflects pressure in medical staffing budgets, high uptake levels of new Paediatric diabetes technologies, overspends associated with paediatric complex care packages and funding reductions imposed by the Scottish Government in relation to CAMHS and the immunisation team. Discussions are ongoing with the Directorate to mitigate financial risk as far as possible (including follow up with Scottish Government to clarify funding allocations for 2024/25).

Cross boundary flow/external SLAs – an overspend of £2.1m is reported at the end of October (an adverse movement of £0.9m compared to the position reported in September). This reflects the cost of an unexpected rise in the number of Transcatheter Aortic Valve Implantations provided through NHS Lothian and high-cost complex care packages provided out with Forth Valley (these costs are not normally charged to this budget, however, to avoid any unnecessary delay in treatment commencing it was agreed these costs would be charged to the NHS Board initially pending further discussion and agreement with IJBs). Note that SLA uplifts with other NHS Board areas have still to

be finalised for 2024/25. Proposed uplift options have been presented to Directors of Finance for national approval with agreement has been now reached pending update for the Medical pay award.

Non-delegated community services – an overspend of £1.2m is reported at the end of Octoberr (an increase of £0.2m compared to the previous month). This reflects ongoing financial pressures in Prison services due to additional costs associated with the prison pharmacy contract (linked to the withdrawal of discount on generic drugs and the increase in the management fee under the new contract) together with the purchase of psychiatric sessions from The State Hospital. There is also emerging risk in relation to decisions taken by the Scottish Prison Service to realign the prisoner population across the prison estate in order to relieve accommodation pressures (this is expected to result in an additional 260 prisoners being transferred to Polmont and 100 to Glenochil during October). Pressures are also reported in set aside mental health services due to higher than average staff absence levels, together with the requirement for special observations, necessitating the use of ongoing bank and agency cover. In addition, delays in the planned recruitment of 7.0 WTE psychiatrists from overseas through the CESR fellowship programme has meant that locum usage has not reduced as anticipated (only 3.0 WTEs have been appointed to date).

Ringfenced and contingency budgets – £6.358m of funding has been released in the month 7 position to reflect the year-to-date share of the recent unplanned funding allocation from Scottish Government.

Income – income received as at end October was £0.4m higher than planned levels. This is largely due to additional income anticipated from inflow SLAs being rebased to reflect the most up to date 3-year average activity levels (rebasing was previously paused due to Covid) with the balance relating to income from NES in respect of Doctors in training.

3.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined overspend of £1.6m is reported for Corporate Services, Facilities and Digital as at 31st October 2024 as summarised in table 6 below.

TABLE 6: Corporate Functions and Facilities & Infrastructure	**Annual Budget**	**Apr - Oct Budget**	**Apr - Oct Expenditure**	**Underspend/ (Overspend)**
	£m	**£m**	**£m**	**£m**
Facilities	115.260	67.020	68.060	(1.040)
Digital	12.887	7.295	8.060	(0.765)
Corporate Functions				
Director of Finance	6.870	3.888	3.859	0.029
Area Wide Services	(1.428)	(3.450)	(2.967)	(0.483)
Medical Director	12.196	6.670	6.426	0.244
Director of Public Health	3.623	1.982	1.892	0.090
Director of HR	6.684	3.811	4.168	(0.357)
Director of Nursing	4.528	2.460	2.273	0.187
Chief Executive	1.834	1.018	0.960	0.058
Portfolio Management Office	0.602	0.336	0.324	0.012
Immunisation / Other	1.112	1.624	1.211	0.413
Corporate Functions sub total	36.021	18.339	18.146	0.193
Sub total	**164.168**	**92.654**	**94.266**	**(1.612)**

Facilities – an overspend of £1.0m is reported at the end of October (an adverse movement of £0.2m compared to the position reported at end September). This is primarily due to ongoing pressures in relation to non-emergency patient transport, clinical waste, postages and energy. A number of

immediate actions have been identified to strengthen financial controls around postage and transport, however an element of the required improvement in transport costs is reliant on the outcome of discussions with Scottish Ambulance Service colleagues. This latter point now requires to be escalated to Chief Executive level.

Digital - an overspend of £0.8m is reported at the end of October (an adverse movement of £0.3m compared to the position reported at end September) which is primarily due to unavoidable inflationary uplifts on a range of local and national IT contracts and minor equipment replacement. Note that the Health Records team are now operationally managed under the Digital Directorate, however budgets have not been reparented to Digital from the Acute Services Directorate as yet.

Corporate Functions – a combined underspend of £0.2m is reported at the end of October (a favourable movement of £0.1m compared to the position reported in September). Whilst a combined underspend is reported at end October, this masks pay budget pressures in HR and non-pay budget pressures relating to legal fees and provisions within area wide controls.

4.0 DELEGATED FUNCTIONS – HEALTH & SOCIAL CARE PARTNERSHIPS

Delegated health functions reported under the Health and Social Care Partnerships (HSCPs) returned a combined overspend of £2.9m as at 31st October 2024 as summarised in table 7 below, however this is assumed to be offset by corresponding reserve movements.

TABLE 7: Health & Social Care Partnerships	**Annual Budget** £m	**Apr - Oct Budget** £m	**Apr - Oct Expenditure** £m	**Underspend/ (Overspend)** £m
Clackmannanshire and Stirling HSCP				
Operational Services	65.227	36.948	36.236	0.712
Universal Services	87.702	52.571	56.954	(4.383)
Ringfenced and Contingency Budgets	3.872	3.670	0.000	3.670
Subtotal	156.801	93.189	93.190	(0.001)
Falkirk HSCP				
Operational Services	78.314	44.752	42.656	2.096
Universal Services	86.791	52.565	53.914	(1.349)
Ringfenced and Contingency Budgets	3.907	(0.746)	0.000	(0.746)
Subtotal	169.012	96.571	96.570	0.001
TOTAL	**325.813**	**189.760**	**189.760**	**(0.000)**

The HSCP budgets summarised in table 7 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £81.042m. Responsibility for the operational and financial management of Set Aside functions currently resides with NHS Forth Valley (with the exception of set aside Mental Health services which are operationally managed by Clackmannanshire and Stirling HSCP, discussion is required on how this will impact on the financial management arrangements for set aside Mental Health services going forward).

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services in table 7. Both volume growth in the number of items prescribed and the average cost per item remain higher than original planning assumptions (up 5.5% compared to the same period last year). This reflects ongoing demand and short supply issues. Delays in achieving prescribing efficiency savings also contribute to the adverse position reported to date. Note that the Falkirk HSCP prescribing budget has been increased by £4.4m in year (comprised of £3.5m of non-recurring

reserves and £0.9m of virement from other operational budgets) as agreed under Direction from the IJB.

As reported in table 7, the pressure on the primary care prescribing budget is partially offset by non-recurring underspends on operational services in Clackmannanshire and Stirling HSCP due to vacancies and slippage in recruitment within community District Nursing Services, Mental Health services, Health Improvement and community based AHP services.

Similarly, Falkirk HSCP are also experiencing ongoing vacancies and associated non-recurring underspends in community District Nursing, Mental Health services, community based AHP services, community Learning Disability services and Health Improvement. In addition, continued slippage in service developments, including the new slow stream rehab service which was funded by re-purposing part of the FCH closed ward budgets continues to be reported.

5.0 CAPITAL

The total annual net capital budget for 2024/25 is currently estimated at £9.5m as summarised in table 8 below. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, together with £0.2m of Property Sales retained by the Board and a net £2.9m of anticipated allocations and other adjustments which are expected to be applied to the CRL during the remainder of the year.

TABLE 8: 2024/25 NHS Forth Valley Capital Position	**Annual Budget £m**	**Apr - Oct Budget £m**	**Apr - Oct Expenditure £m**	**Underspend/ (Overspend) £m**
Elective Care	0.750	0.341	0.341	0.000
Information Management & Technology	3.950	1.062	1.062	0.000
Medical Equipment	3.621	2.843	2.843	0.000
Facilities & Infrastructure	1.463	0.269	0.269	0.000
NHS Board corporate projects	0.003	0.005	0.005	0.000
Right of Use Assets IFRS16	0.826	0.767	0.767	0.000
Indirect Capital Charged to Revenue	(1.098)	(0.103)	(0.103)	0.000
Total	**9.515**	**5.185**	**5.185**	**0.000**

As reported in table 8 above, a balanced position is reported for the 7 month period ending 31st October. Total expenditure of £5.2m is reported to date (an increase of £0.6m compared to the previous month) leaving a balance of £4.3m to be spent by 31 March 2025.

Key areas of expenditure are summarised below:

Elective Care – the National Treatment Centre continues to be delayed due to a number of technical issues relating to pipework and fire compliance regulations. A potential solution has been submitted to building control for review and we await feedback. As such uncertainty remains over the go-operational date until the technical solutions are assessed and resolved. As at year end 2023/24 the sum of £10.0m had been incurred on the project. Additional costs incurred during 2024/25 relate to ongoing advisor fees.

Information Management and Technology – a total of £1.1m has been spent on Information Management and Technology projects to date. Key projects include the GMS IT system refresh, NHS Board infrastructure refresh procurement, Inpatient Electronic Patient Record (EPR) and cyber security.

Medical Equipment – expenditure incurred on Medical Equipment items equates to £2.8m as at 31 October. The majority of the spend to date relates to the purchase of a 3rd CT scanner (as approved by the NHS board on 30 July, funded through slippage on the overall capital plan for 2024/25 and

rephasing certain items to 2025/26 – further detail is provided in table 9 below), replacement of the pharmacy robot, new image intensifiers and defibrillators. Plans have recently been approved by the Medical Devices Group to fully utilise the remaining budget by 31 March 2025.

Facilities and Infrastructure – a relatively low level of expenditure of has been incurred to date (£0.3m as at end Oct) which relates to salary recharges and the installation of PV panels and LED lighting at FVRH. Planned improvement works at Dunblane Health Centre are likely to be delayed due to affordability challenges as the tender prices have come in significantly higher than the allocated budget. Similar to the position with medical physics, certain facilities and infrastructure schemes have been rephased to 2025/26 to facilitate the purchase of the 3rd CT Scanner.

NHS Board and Property Sales – as at 30th September 2024, no Property Sales have yet been transacted and no expenditure has been incurred on Board managed projects.

An in-depth review of all capital projects is currently underway to refine the forecast outturn and any associated adjustments that require to be made the 2024/25 capital plan. Work is also under way on the next iteration of our 5-year capital plan. This will include the need to reprovide c£1.0m of capital funding in 2025/26 to support projects that were deferred to accommodate the purchase of the 3rd CT scanner during 2024/25 (initial work on the draft 5-year plan indicates that this is affordable assuming a planned land sale is concluded). A draft 5-year capital plan will be presented to the P&R committee in December with the final version submitted to the NHS Board for approval in March.

Appendix 1 - 2024/25 YTD savings delivery

Savings delivery - April to Oct 2024	Plan £000s	Actual £000s	TOTAL £000s	RAG status
Workforce - nursing				
Nursing sickness absence- acute	1,283	0	**(1,283)**	RED
Nursing sickness absence - WCSHS	467	0	**(467)**	RED
Cessation of unregistered nurse agency	833	844	**11**	GREEN
Cessation of all nurse agency usage	2,100	2,100	**0**	GREEN
Reduce requirement for enhanced observations	0	0	**0**	GREEN
Enhanced controls	0	81	**81**	GREEN
	4,683	**3,025**	**(1,658)**	
Workforce - medical				
Medical locum review of rates	0	0	**0**	RED
Medical sickness absence	0	0	**0**	RED
Reduce locum usage in unplanned care areas	0	0	**0**	RED
Jnr Dr rota compliance in planned care areas	0	0	**0**	RED
International recruitment (psychiatry)	352	330	**(22)**	GREEN
	352	**330**	**(22)**	
Workforce - other				
Retinue fees & charges	77	77	**0**	GREEN
Targeted vacancy review	583	583	**0**	GREEN
Sickness absence other staff groups	0	0	**0**	RED
Agile working	0	0	**0**	RED
Review of T&Cs eg pay protection	218	0	**(218)**	RED
Review of workforce controls	0	0	**0**	GREEN
	879	**660**	**(218)**	
Procurement				
Enhanced Spend Analytics Tool	0	0	**0**	RED
Review of Children's ordering process for supplies	0	0	**0**	RED
Complex Care Education Provision Review	42	0	**(42)**	RED
Review of Complex Care Third Party Provision	121	0	**(121)**	RED
Non-pay: review of non-discretionary spend	0	5	**5**	GREEN
Review of ward consumables	0	0	**0**	AMBER
Procurement of cardiology devices	28	0	**(28)**	AMBER
	191	**5**	**(186)**	
Prescribing (switches)				
Lenalidomide switch - full year effect	117	117	**0**	GREEN
Tecfidera / Dimethyl Fumerate	426	367	**(59)**	GREEN
Xarelto / Rivaroxaban	36	5	**(31)**	GREEN
RoActemra / Tocilizumab	73	0	**(73)**	RED
Xolair / Omalizumab	109	0	**(109)**	RED
Aubagio / Teriflunomide	58	48	**(10)**	GREEN
Further technical switches	0	234	**234**	GREEN
	819	**771**	**(48)**	

Prescribing Acute + Women & Children's				
Review of inflation for hospital Rx	1,575	1,125	**(450)**	GREEN
Oncology (near patient preparation)	30	0	**(30)**	GREEN
PAS & PCRS rebates	0	0	**0**	RED
Off patent savings	117	457	**340**	GREEN
Medicines of low clinical value	0	0	**0**	AMBER
Complex rebates/review of contracts	88	0	**(88)**	AMBER
Environmental sustainability/medical gases/green theatres	0	0	**0**	AMBER
Review of homecare arrangements	6	0	**(6)**	RED
Review of Covid antivirals	0	0	**0**	RED
Reduction in cold chain medicine waste	39	0	**(39)**	GREEN
Transition to Regional Formularies	0	0	**0**	RED
Acceleration of digital prescribing	0	0	**0**	RED
Affordability of new medicines	0	0	**0**	RED
	1,854	**1,582**	**(272)**	
Estates & Infrastructure				
PPP/PFI insurance	0	0	**0**	GREEN
PPP/PFI review of energy contract arrangements	758	0	**(758)**	RED
PPP/DBFM review of contractual arrangements	29	0	**(29)**	RED
PPP/PFI refinancing	0	0	**0**	AMBER
PFI Benchmarking	0	0	**0**	GREEN
Energy efficiency - full year effect	149	0	**(149)**	AMBER
Portering FVRH Blood products	70	70	**0**	GREEN
Asset management/review of agile working	0	0	**0**	RED
Non-Emergency Patient Transport	0	0	**0**	RED
Sale of surplus property	5	0	**(5)**	GREEN
	1,011	**70**	**(941)**	
Income Generation				
Review of FOC travel vaccines	0	0	**0**	RED
Provision of training to other bodies/agencies/3rd parties	6	0	**(6)**	RED
Introduction of charging policy for DNAs	0	0	**0**	RED
Develop a mutual aid strategy	0	0	**0**	AMBER
	6	**0**	**(6)**	
Innovation, Productivity & Digital				
Remote outpatient appointments	0	0	**0**	RED
Theatre optimisation	0	0	**0**	RED
Review of procedures of low clinical value	0	0	**0**	RED
Review of Integration Schemes	0	0	**0**	RED
Introduce Patient Level Information Costing System	0	0	**0**	RED
Voice recognition business case	0	0	**0**	RED
Electronic Patient Record	0	0	**0**	RED
Net call patient hub	83	0	**(83)**	AMBER
M365	0	0	**0**	RED
	83	**0**	**(83)**	

Value Based Health & Care				
Whole system hip fracture prevention	0	0	**0**	RED
Review of Flow Navigation Centre	0	0	**0**	RED
Hospital at Home Capacity and closure of contingency beds	2,853	1,191	**(1,662)**	AMBER
Develop Target Operating Model for the front door	0	0	**0**	RED
Discharge Without Delay	0	0	**0**	RED
Whole systems working to reduce Length of Stay	0	0	**0**	RED
National Value Based Health & Care Action Plan	0	0	**0**	RED
	2,853	**1,191**	**(1,662)**	
Other				
Review of Covid legacy costs	1,385	0	**(1,385)**	RED
Annual leave carry forward	408	0	**(408)**	AMBER
Anticipated slippage on investment	292	0	**(292)**	GREEN
Unplanned financial benefits	3,323	8,205	**4,882**	GREEN
Technical accounting opportunities	500	609	**109**	GREEN
Review & re-prioritisation of local service developments	3,033	2,672	**(361)**	AMBER
3% recurring budget deduction	5,492	0	**(5,492)**	RED
	14,434	**11,486**	**(2,948)**	
Total	**27,164**	**19,121**	**(8,043)**	

2024/25: progress against 3% recurring target	Plan £m	Actual £m	Balance £m
Set Aside & non-delegated services			
Workforce	1.339	3.432	-2.093
Procurement	0.328	0.005	0.323
Prescribing (Hospital based)	4.497	2.353	2.143
Estates & infrastructure	1.733	0.070	1.663
Income Generation	0.010	0.000	0.010
Innovation, Productivity & Digital	0.142	0.000	0.142
Value Based Health & Care	0.600	0.000	0.600
Other (slippage, reprioritisation & other financial benefits)	13.015	1.929	11.086
Total Set Aside & non-delegated services	**21.664**	**7.789**	**13.875**
Delegated services (HSCPs)			
Clacks/Stirling HSCP			
Primary Care Prescribing	1.709		1.709
Community Healthcare Services	0.508		0.508
	2.217	0.000	2.217
Falkirk HSCP			
Primary Care Prescribing	1.664	1.040	0.624
Community Healthcare Services	3.713	0.873	2.840
	5.377	1.913	3.464
Total Delegated services (HSCPs)	**7.594**	**1.913**	**7.594**
Grand Total	**29.258**	**9.702**	**19.556**
Scottish Government 3% total recurring target	20.148		

FORTH VALLEY NHS BOARD
26 November 2024

17(a): Quality Assurance and Improvement Report
For: Assurance

Executive Sponsors: Mr Andrew Murray, Medical Director & Professor Frances Dodd, Executive Nurse Director.
Authors: Mrs Susan Bishop, Head of Efficiency, Improvement, and Innovation & Mr Ashley Calvert, Head of Clinical Governance.

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1. Executive Summary

1.1 The purpose of this paper is to describe our quality assurance position, give progress with key quality improvements across NHS Forth Valley and use of evidence to plan for quality. In doing so, it also provides an update on implementation of the NHS Forth Valley Board Quality Strategy and the way that we manage quality.

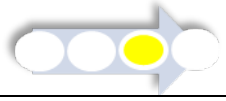
2. Recommendations

2.1 The Forth Valley NHS Board is asked to:

- **note** overall delivery of quality assurance, quality improvement and using evidence to plan for quality;
- **note** the current quality assurance position and quality improvements being made in relation to specific quality measures and compliance with national safety standards and targets, and
- **support** the progress and further development of the quality management system.

3. Assurance

3.1 Proposed assurance level: Reasonable

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- There is evidence that effective implementation of an organisational quality strategy, a quality management system and a consistent improvement approach will contribute to better performance.
- If NHS Forth Valley and the Health and Social Care Partnerships' culture, resources, structures, and systems are not aligned to managing quality, through quality planning, quality control and assurance and quality improvement, there is a risk that performance across the six dimensions of quality will be negatively affected.
- A reasonable level of assurance has been reported on the basis that the report highlights the key quality improvement initiatives supporting harms reduction and patient safety.
- This includes the launch of the Safer Together (ST) improvement collaborative to achieve agreed high-level outcomes and clearly defined actions to demonstrate progress over time
- A significant amount of work to improve the effectiveness of use of quality and safety data for assurance and for measuring improvement led through the NMAHP Quality Management Board, the NHS Forth Valley Quality Programme Board and the Quality Strategy Using Data Effectively Implementation Group, is contributing to the level of assurance given.

- This includes publication of the Quality Improvement Data Visualisation & Interpretation Guide and work to develop an NMAHP assurance measurement framework.

4. Key Issues to be Considered.

Introduction

4.1 Our vision for quality is 'To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful'. The implementation of the NHS Forth Valley Quality Strategy (QS) should enable the vision to be realised and underpins assurance of quality and improving quality.

4.2 Progress with implementation of the QS is monitored, reported, and reviewed at the NHS Forth Valley Quality Programme Board. The Year 3 implementation report was presented to the Clinical Governance Committee (9th July 2024) and included the safety culture event, clinical simulation work and evidence of using the learning from complaints and adverse events. The delivery of the Clinical Governance Strategic Implementation Plan is a key objective of the QS and progress was also reported to the Clinical Governance Working Group and Clinical Governance Committee in July.

4.3 An overview of further development of our system for managing quality is included in Appendix 1.

Assurance of Quality

Data and measurement

4.4 Work continues to go into having good quality data for assurance of quality, as well as for improvement (Appendix One). The Nursing Midwifery and Allied Health Professions (NMAHP) Quality Management Board has focussed on improving NMAHP data quality and standards and is developing an assurance measurement framework.

4.5 The functionality of existing data systems supporting quality, including Pentana and Safeguard has been extensively reviewed, alongside NHS Forth Valley Information Service's Quality and Safety Dashboard and portal for quality data. The potential for software developments to these to enable the production of run charts and statistical process control charts is being investigated. The Using Data Effectively Quality Strategy Implementation Group chaired by our Clinical Director for Quality has published a Quality Improvement Data Visualisation & Interpretation Guide and a data visualisation tool for quality data.

4.6 Work on improving the use of the Safeguard risk management system for adverse events continues. This is alongside producing updated guidance, developing standardised adverse event (AE) escalation pathways within all Directorates, and developing a measurement plan to provide greater assurance for the Board in relation to NHS Forth Valley's compliance with the timescales set out within the Healthcare Improvement Scotland (HIS) Framework for Adverse Events and Significant Adverse Event Review management.

4.7 Reviewing and ensuring alignment to national dataset requirements of the AE category and subcategory lists within the Safeguard system is an ongoing piece of work. Healthcare Improvement Scotland (HIS) are carrying out national work to review and standardise all categories and codes used to record incidents as part of the Adverse events framework review. All Boards attend these meetings and provide input to support this work.

Setting standards of care

4.8 The delivery of the ST collaborative should contribute to higher quality care and support quality assurance. For example, through planning to meet the high-level outcomes for the ST collaborative a review of national clinical and care standards and local practise has been

carried out, leading to commissioning and updating of new and updated local clinical and care policies e.g. for cardiac arrest and pressure ulcers and standard operating procedures. The policies are setting out the expectations for a high standard of care. Additional standard operating procedures are being written to help increase reliability and with the aim of more consistently meeting the higher standards of care.

Quality Improvement
Safer Together

4.9 Our 15-month Safer Together safety improvement collaborative launched on the 22nd of August, 130 colleagues participated in the event, chaired by our Board Chair, and attended by several Board members, and is a major quality improvement programme. Safety improvement collaboratives have played a critical role in delivering system safety across NHS Scotland through programmes such as the Scottish Patient Safety Programme (SPSP). The ST model is based on the Institute for Healthcare Improvement (IHI) Breakthrough Series (BTS) collaborative model for achieving breakthrough improvement in quality while reducing costs.

4.10 Reducing preventable harm requires a concerted, persistent, coordinated effort by all stakeholders, and a total systems approach to safety. Total systems safety requires coordination at many levels, which in turn necessitates robust team working among all stakeholders.

4.11 The aim of the ST collaborative is to improve patient safety across several areas through implementing evidence-based practice using improvement science methodology, standard setting through clinical policy review, coordination of improvement support and improvement of data and measurement processes.

4.12 There is a focus on identifying and addressing key areas of patient safety concern, such as data quality and system reporting capability, pressure ulcers incidence, safer mobility and falls risk reduction, cardiac arrest and deteriorating patient, catheter care and ageing & frailty.

Aims of the Collaborative

Patient safety improvement collaboratives have played a critical role in delivering system safety across NHS Scotland through programmes such as the Scottish Patient Safety Programme (SPSP). The SPSP is based on the Institute for Healthcare Improvement (IHI) Breakthrough Series (BTS) collaborative model. IHI supports improvement through collaborative learning - specifically, using a model for achieving breakthrough improvement that it innovated in 1995 and has been continuously improving ever since. IHI developed the BTS to help health and care organisations make breakthrough improvements in quality while reducing costs.

The driving vision behind the series is this: sound science exists on the basis of which the costs and outcomes of current health and care practices can be improved, but much of this improvement science lies fallow and unused in daily work. In other words, there is a gap between what we *know* and what we *do*.

Reducing preventable harm requires a concerted, persistent, coordinated effort by all stakeholders, and a total systems approach to safety. Total systems safety requires coordination at many levels, which in turn necessitates robust team working among all stakeholders. The aim of the Forth Valley Safer Together Collaborative (STC) is to improve patient safety across several areas through implementing evidence-based practice using improvement science methodology, standard setting through clinical policy

review, coordination of improvement support and improvement of data and measurement processes and quality.

The STC will focus on identifying and addressing key areas of patient safety concern, such as data quality and system reporting capability, pressure ulcers incidence, safer mobility and falls risk reduction, cardiac arrest and deteriorating patient, catheter care and ageing & frailty. Alongside Acute Services, operational units including Mental Health and Learning Disabilities, Woman's and Children and Primary Care will have bespoke workstreams and Forth Valley developed change packages to support their improvement aims.

Crucial enablers that will complement the Safer together collaborative include improvement in operational definitions and data visualisation over time to demonstrate signals of improvement or early signals of deterioration to support the quality planning process. Scoping in underway to provide the clinical governance structure with operational unit safety plans to demonstrate aims of units and articulate quality improvement, assurance and control measures mapped to local and national strategic safety priorities.

The STC will align high level aims (below) with current evidence-based standards, national improvement programmes mapped to our local priorities.

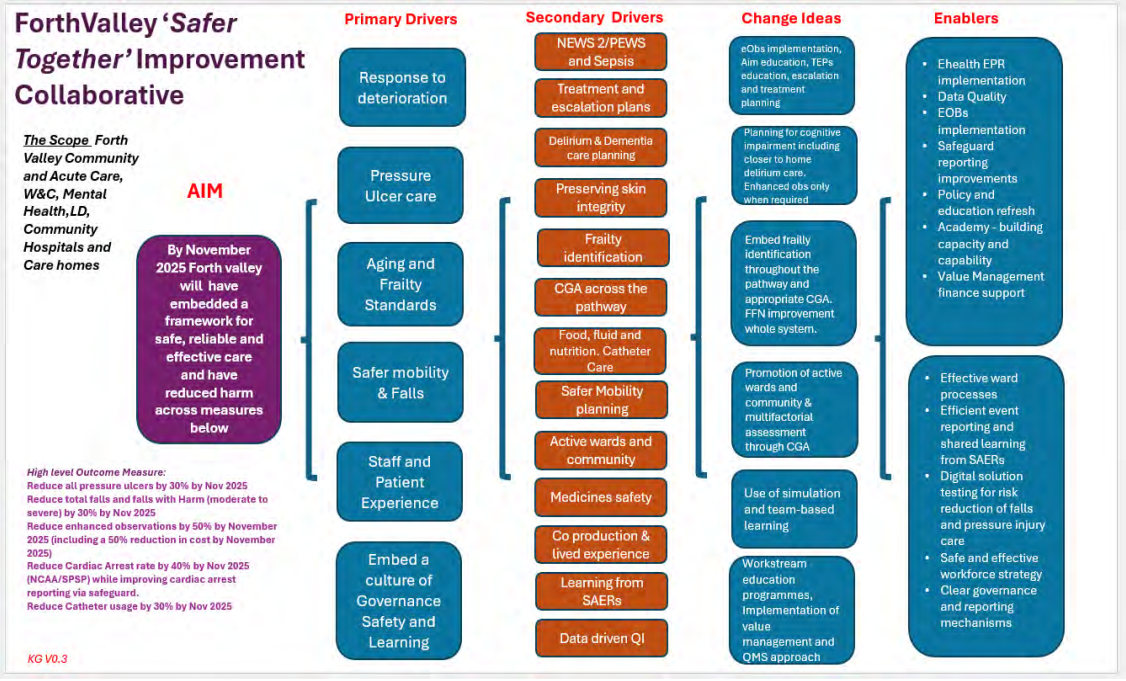
Reduce grade 2-4 pressure ulcers by 30% by Nov 2025

Reduce total falls and falls with Harm (moderate to severe) by 30% by Nov 2025

Reduce enhanced observations by 50% by May 2025 (including a 50% reduction in cost by May 2025)

Reduce Cardiac Arrest rate by 40% by Nov 2025 (NCAA) while improving cardiac arrest reporting via safeguard. (National Cardiac Arrest Audit)

Reduce Catheter Usage by 30% by Nov 2025


ForthValley 'Safer Together' Improvement Collaborative
The Scope Forth Valley Community and Acute Care, W&C, Mental Health,LD, Community Hospitals and Care homes
AIM
By November 2025 Forth valley will have embedded a framework for safe, reliable and effective care and have reduced harm across measures below
High level Outcome Measure:
Reduce all pressure ulcers by 30% by Nov 2025
Reduce total falls and falls with Harm (moderate to severe) by 30% by Nov 2025
Reduce enhanced observations by 50% by November 2025 (including a 50% reduction in cost by November 2025)
Reduce Cardiac Arrest rate by 40% by Nov 2025 (NCAA/SPSP) while improving cardiac arrest reporting via safeguard.
Reduce Catheter usage by 30% by Nov 2025
KG V0.3
Primary Drivers
Response to deterioration
Pressure Ulcer care
Aging and Frailty Standards
Safer mobility & Falls
Staff and Patient Experience
Embed a culture of Governance Safety and Learning
Secondary Drivers
NEWS 2/PEWS and Sepsis
Treatment and escalation plans
Delirium & Dementia care planning
Preserving skin integrity
Frailty identification
CGA across the pathway
Food, fluid and nutrition. Catheter Care
Safer Mobility planning
Active wards and community
Medicines safety
Co production & lived experience
Learning from SAERs
Data driven QI
Change Ideas
eObs implementation, Aim education, TEPs education, escalation and treatment planning
Planning for cognitive impairment including closer to home delirium care. Enhanced obs only when required
Embed frailty identification throughout the pathway and appropriate CGA. FFN improvement whole system.
Promotion of active wards and community & multifactorial assessment through CGA
Use of simulation and team-based learning
Workstream education programmes, Implementation of value management and QMS approach
Enablers
Ehealth EPR implementation
Data Quality
EOBs implementation
Safeguard reporting improvements
Policy and education refresh
Academy - building capacity and capability
Value Management finance support
Effective ward processes
Efficient event reporting and shared learning from SAERs
Digital solution testing for risk reduction of falls and pressure injury care
Safe and effective workforce strategy
Clear governance and reporting mechanisms

(High level driver diagram V0.3)

The collaborative seeks to add value to existing NHS Forth Valley, H&SCP and national based patient safety programmes by working across the whole health and care system, bringing teams together to learn from each other through four learning sessions and action learning periods, creating the conditions for innovation, sharing of best practice, improvement, lessons learned and highlighting success to spread and sustain best practice.

We are focused on delivering measurable and sustainable improvements in the specific patient safety area aims and associated process measures during our 15-month Safety Collaborative.

4.13 The high-level outcome measures for the ST collaborative have been agreed. Many of the harms have defined measures through national programmes such as Essentials of Safe Care, SPSP Acute Adult and workstream leads and test teams will additionally develop bespoke measures related to their specific improvement aims.

4.14 There is alignment of high-level aims (above) with current evidence-based standards, and national improvement programmes mapped to our local priorities:

4.15 The first of four learning sessions is planned for the 20th of November, to be opened by the Chief Executive, where Faculty, work stream leads and test team representatives will share best practice, their change packages and measurement plans and any early progress against their improvement plans. The measurement plans include outcome, process and balancing measures aligned to the improvement aims. Data and measurement support is crucial to the ST collaborative and a working group is overseeing and guiding the Safer Together dashboard development.

Knowledge, skills and capacity for improvement

4.16 Overall work to build knowledge, skills and capacity for improvement across NHS Forth Valley and the Health and Social Care Partnerships continues as part of the QS implementation. This involves delivering quality improvement training to meet identified needs, learning opportunities and a coaching plan. The draft Capacity, Capability and Culture for Continuous Learning and Quality Improvement Action Plan was received by the Quality Programme Board on 6th June 2024. Additional Quality Improvement Academy sessions have been targeted to support staff taking part in the ST collaborative.

4.17 Having effective and compassionate leadership for quality improvement is essential to empower and enable staff to make change. The STC will contribute to building improvement skills.

4.18 Patient, service users and family representatives and academic and Third Sector colleagues will be invited to contribute to and participate in the ST collaborative and provided with improvement information and support to do this.

4.19 Programme/project management, communication, knowledge management and evaluation are all crucial to effective quality improvement and for the purposes of the ST collaborative these are being provided by the Forth Valley Quality (FVQ) team. An evaluation plan is being developed, including scoping of economic evaluation and collaboration with the University of Stirling via our University College NHS Partnership. A knowledge management plan is also being developed via the FVQ team to contribute to learning throughout the STC and to wider

learning within the organisation and with partners and other external bodies such as Healthcare Improvement Scotland.

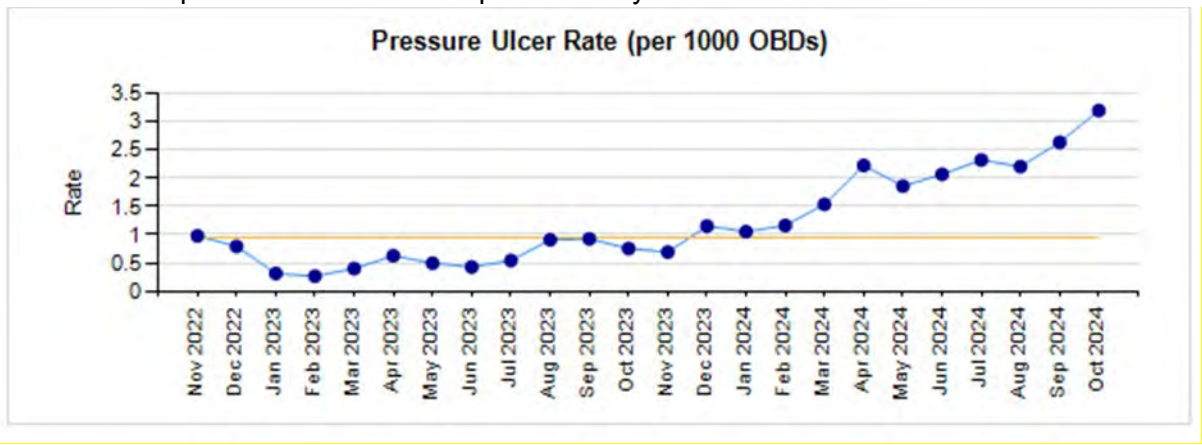
5. Key metrics

Pressure Ulcer

5.1 Pressure ulcers cause significant discomfort, pain, impact on mobility, infection, and life-threatening complications. Pressure ulcers are considered a preventable adverse event in healthcare. By reducing the occurrence, the experience for people improves, length of stay in hospital setting reduces, and significant savings are realised across the system.

5.2 NHS Forth Valley data is demonstrating a deterioration in pressure ulcer incidence with nine data points above the median. NHS Forth Valley, Healthcare Acquired Pressure Ulcer data. Data source Information Service Reports.

Chart 1: Rate per one thousand occupied bed days



5.3 There are reliability issues with reporting due to the previous measurement framework, therefore an increase in occurrence is expected as reporting improves, and data quality is improved through review of process via the Safeguard system. Improvement efforts will be based on Healthcare Improvement Scotland's pressure ulcer standards, improvement change package and measurement plan.

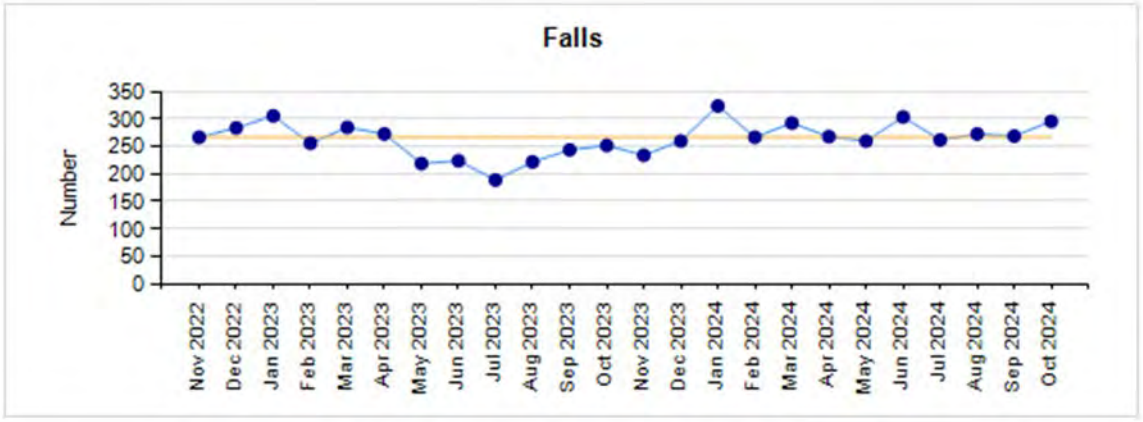
Falls

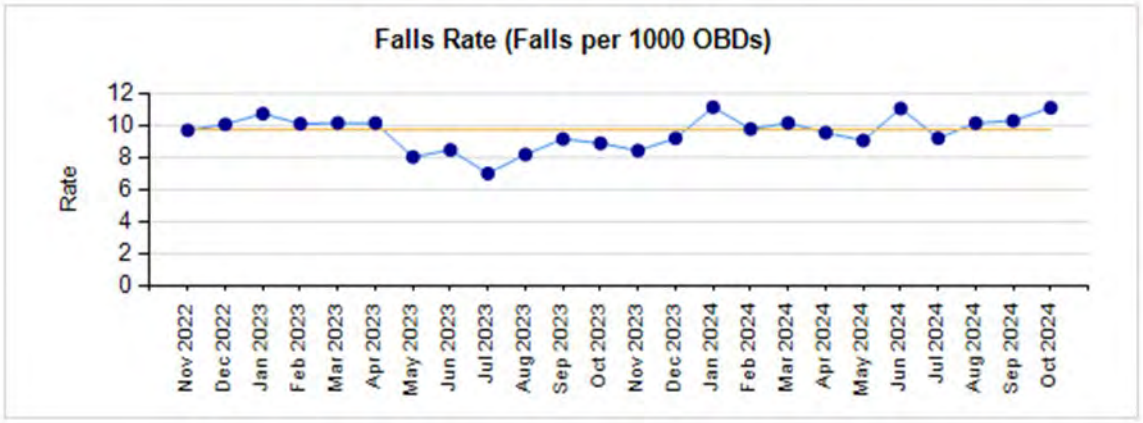
5.4 Falls in hospitals are a frequent occurrence, causing pain, injury, increased length of stay, and in a sizeable number of cases, death.

5.5 They are estimated to cost the NHS more than £2.3 billion a year. About 30 per cent of people aged sixty-five or older have a fall each year, increasing to 50 per cent in people eighty or older. Our current Falls rate is ten with a static rate from April 22.

5.6 We currently have limited ability to understand categorisation of falls in term of harm at organisational level. The NMAHP Quality Management Board subgroups are currently reviewing and redesigning the front-end reporting mechanism of Safeguard to support data extraction to provide harm intelligence and support improvement planning. Measurement will reflect the national SPSP falls change package.

NHS Forth Valley, Falls data. Data source Information Service Reports.
Chart 1: All falls count
Chart 2: Rate per one thousand occupied bed days
(Data displaying random variation Nov 22 - Oct 24)

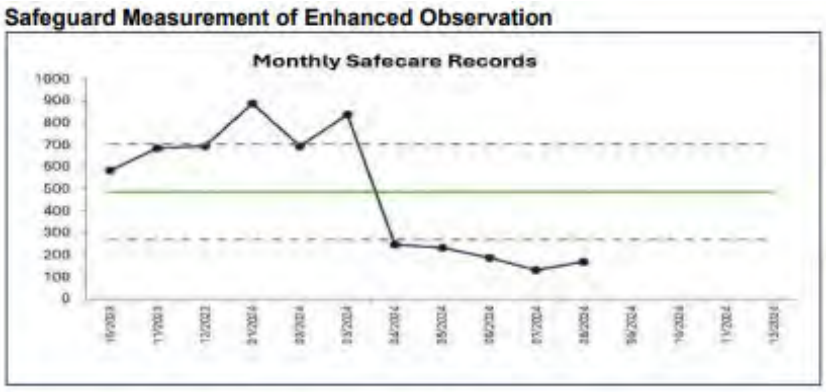




Enhanced Observation

5.7 Requests for enhanced observation saw a sharp rise through 23/24 of 122%.

5.8 Requests for enhanced observations are captured on the staff bank system under Code 4 indicator. The below chart demonstrates the staff bank code 4 requests over the last 12months.



5.9 Improvement activity has already commenced through Nursing Workforce review project. Safeguard Measurement of Enhanced Observation

Cardiac Arrest

5.10 NHS Forth Valley is part of the National Cardiac Arrest Audit (NCAA). Our position on that caterpillar plot comparing FVRH to all participating hospitals demonstrates that we are in the upper range for Cardiac arrest rate. Cardiac arrest data reporting is undergoing review to ensure cardiac arrests are captured through our risk system as a clinical event. Treatment and escalation planning as a process will have an impact on outcome data and will be a focus of the safety collaborative.

NHS Forth Valley Cardiac arrest data. Data source Information services reports.
Chart1: All cardiac arrest count

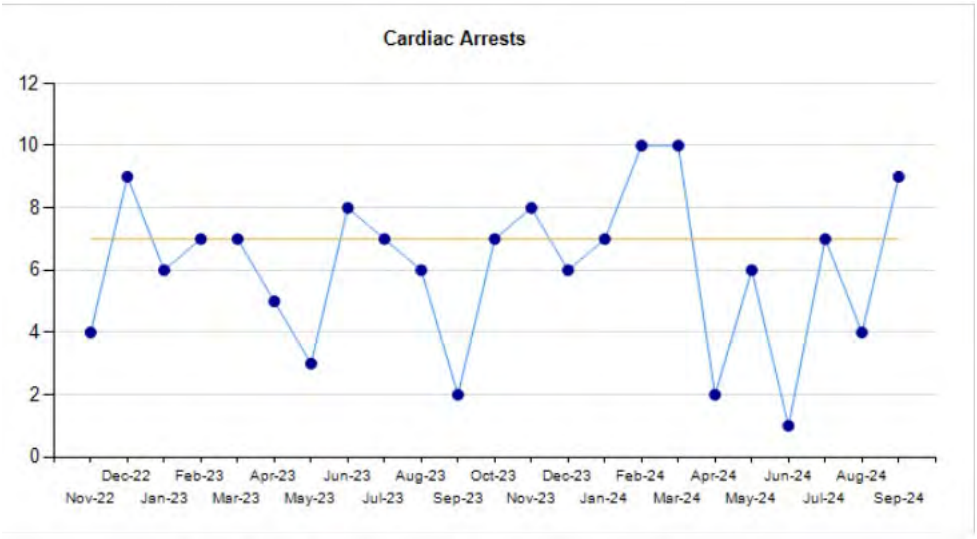


Chart 2: cardiac arrest per one thousand occupied bed days

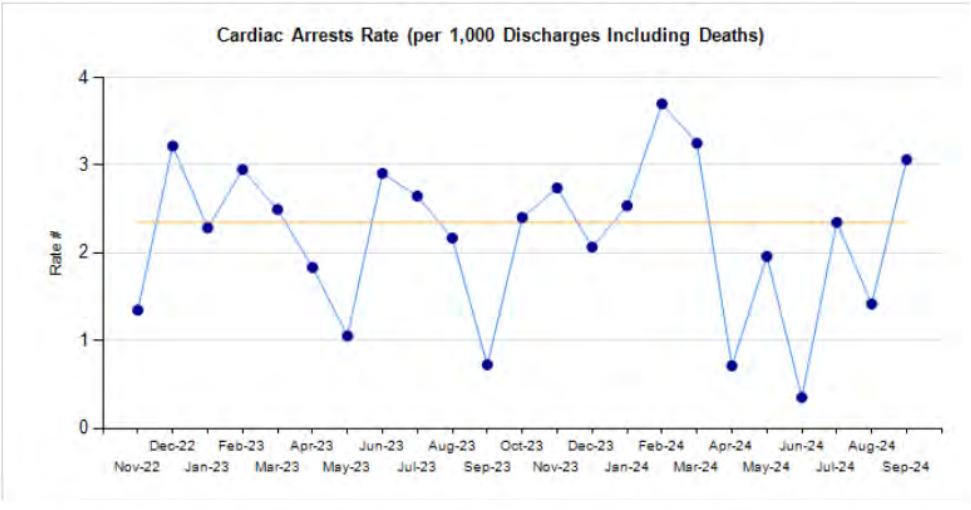
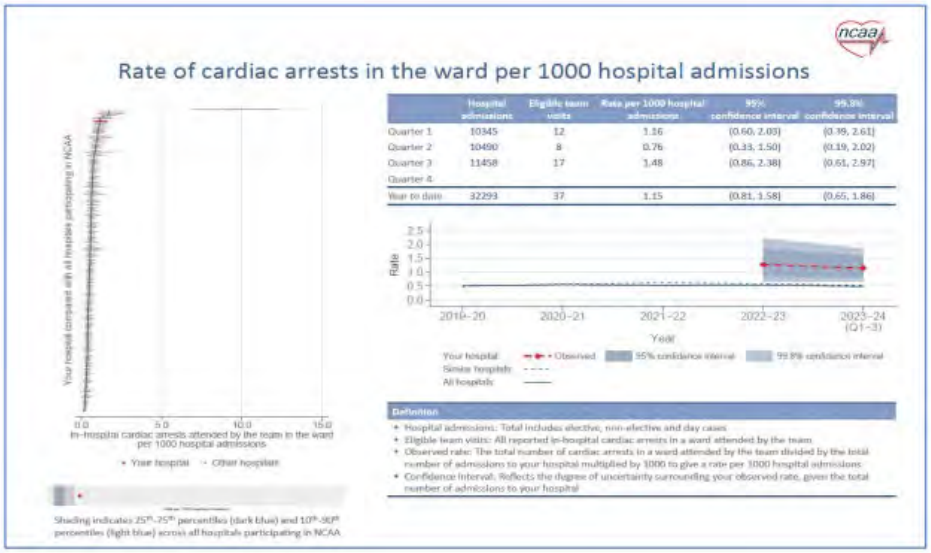


Chart 3: NCAA caterpillar plot



5.11 The improvement work schedule will look at all aspects of cardiac arrest, including treatment escalation processes, introduction of e-Observations to identify deterioration at an earlier stage, as well as the use of DNACPR.

Catheter Associated Urinary Tract Infection (CAUTI)

5.12 Catheter Associated Urinary Tract Infection (CAUTI) leads to complications such as sepsis, prolonged hospital stays, increased healthcare cost and associated with increased morbidity.

5.13 Improving CAUTI prevention measures reduces patient harm and enhances safety. The safety collaborative will focus on catheter usage and care across Forth Valley to understand usage and potential for process improvement where opportunities exist to deliver evidence-based catheter care and appropriate usage.

6. Quality planning

Evidence for quality planning

Clinical guidelines review

6.1 The development of a new Clinical Policy and Guidelines Group will ensure greater robust assurance of standardised and aligned processes for the development, review and approval of clinical policies and guidelines within the Board.

Learning from feedback and complaints

6.2 Developmental work is underway to support sharing organisational learning from feedback. This work is being undertaken jointly by colleagues from within the Person-Centred team and Clinical Governance. This work is aligning to wider organisational learning from adverse events and includes exploring what mechanisms/platforms are used to share learning to all staff groups and how to engage key stakeholders in active learning sessions.

West of Scotland Regional Cancer Advisory Group (WoS RCAG)

6.3 NHS Forth Valley is a member of the WoS RCAG with clinicians, service mangers and quality staff attending the quarterly meetings. The RCAG oversees audit cycles for a range of cancer types and there is detailed presentation of performance and improvements.

7. Implications

Financial Implications

7.1 There are no direct financial implications arising from the recommendations of this paper other than the time commitment of the faculty and the test teams in the delivery of the collaborative as part of the Board's approach to patient safety and quality improvement.

Workforce Implications

7.2 There are no direct workforce implications arising from the recommendations of this paper, except the opportunity to support staff to participate in the faculty and the test teams to strengthen care provision and improve outcomes for patients.

Infrastructure Implications including Digital

7.3 There are no immediate infrastructure implications arising from this paper.

Sustainability Implications

7.4 There are no immediate sustainability implications arising from this paper.

Sustainability Declaration

7.5 Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. *(A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)*

☐ *Yes*

☒ *N/A*

Where applicable, the climate change, environmental and sustainability impacts, and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

7.6 This paper aligns to the following elements of safety and quality improvement:
Three Quality Ambitions: Safe, Effective Person Centred.

7.7 Our vision for Quality is: 'To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful.'

7.8 The Quality and Assurance report will become a standard item on each Clinical Governance Working Group and Clinical Governance Committee agenda. The report covers key patient safety information, assurance, and quality improvement metrics to reduce harms and support patient safety. The report is designed to promote discussion and interrogation of the data and quality improvement from each area.

7.9 The work of the Safer Together Collaborative is intended to support improvements in service quality and patient experience. The work of the Safer Together Collaborative will strengthen the understanding of the data, drive improvement and be measured through the collaborative the impact on patient outcomes.

Scoping and activities to date

- Data quality review and redesign underway via the NMAHP Quality Management Board's data quality and systems subgroups.
- Data guide, run chart and statistical process control tools via the Quality Programme Board's Using Data Effectively Implementation Group.
- QI tools and resource package on webpage.

- Policy review of relevant improvement topics, e.g. Pressure Ulcer Policy Review group set up, Observation policy in scoping, Cardiac arrest policy commissioned.
- Education and learning planning and resources via Practice Development Unit.
- Review of Safeguard reporting functionality and data capture ability.
- Review of reporting mechanisms to Healthcare Improvement Scotland via Excellence in Care and SPSP Acute Adult Reporting.
- Thematic review of complaints and risks.
- Review of Infection Prevention Control local and nation trajectories.
- Practice focus on constant observations requests including usage of supplementary staffing to provide capacity for observations in hospital settings

7.10 The programme presenters included national and local experts on patient safety, improvement collaboratives, creating the conditions for change, the programme aims and support, and gave time for questions from the safety improvement leaders, subject matter experts and existing and new workstream and test team leads who took part.

711 Learning session 1 is scheduled for the 20th of November. Aims of LS1 – launch of workstream change packages. Creating conditions through system learning via complaints and risk. Overview and introduction to tools and approaches using quality improvement science.

7.12 57 teams across the whole system are signed up to participate in the Safer Together breakthrough series collaborative. Test team representatives will break out to review change packages with the faculty leads.

Participation, leadership, and support

7.13 The Executive Director of Nursing and the Medical Director are the executive sponsors for the STC. The STC will contribute to building improvement and clinical and care knowledge, skills, and practice and to workforce development.

7.14 Patient, service users and family representatives and Third Sector colleagues will be invited to contribute to and participate in the STC.

7.15 Programme management, communication and knowledge management and improvement support will be provided by the Forth Valley Quality (FVQ) team. Improvement Advisors will drive the progress of the Collaborative through teaching and coaching teams on improvement methods and how to apply them in local settings and co-ordinate data and measurement plans and reporting.

7.16 Improvement Advisors will have the responsibility to:

- Support the Faculty in developing the Collaborative aims and measurement plans
- Work with Workstream Leads to support and direct test teams as needed in conducting tests of change relating to the workstream
- Lead test teams through QI coaching to embed ethos of QI learning throughout the Collaborative
- Support the test teams through teaching and coaching on improvement methods to enable them to conduct their tests of change, collect, analyse, and present data and reporting to Workstream Leads and Faculty.
- Co-ordinate and support the design and facilitation of the learning sessions and their outputs including participation in learning sessions through presentation and breakout sessions.

7.17 Information Services support will be needed for effective data collection, analysis, visualisation, and reporting and collaboratively improving data quality and accessibility within NHS Forth Valley. Digital and eHealth will be supporting procurement and implementation of eObs, an electronic patient observation system supporting identification and management of deteriorating patients, for which the business case has already been approved.

7.18 Forth Valley Quality's Innovation Lead will be a member of STC Faculty to lead and support identification of other innovation opportunities as part of implementation of NHS Forth Valley's Innovation Plan.

Demonstrating Impact

7.19 A measurement plan for the programme will be developed to outline outcome, process and balancing measures aligned to improvement aims. Many of the harms have defined measures through national programmes such as Essentials of Safe Care, SPSP Acute Adult, pressure ulcer change package to which we submit data. Workstream leads and test teams will additionally develop bespoke measures related to their specific improvement aims.

7.20 Data and measurement support is crucial to the STC to be able to deliver a standard of reporting that drives improvement, through intelligence and data that measures and accurately reflects harms and the impact that implementation of tested change ideas produces.

7.21 An evaluation plan is being developed, including scoping of economic evaluation and collaboration with the University of Stirling via our University College NHS Partnership.

7.22 A knowledge management plan is also being developed via the FVQ team to contribute to learning throughout the STC and to wider learning within the organisation and with partners and other external bodies such as Healthcare Improvement Scotland.

Information Governance Implications

7.23 There are no immediate information governance implications arising from this paper.

Risk Assessment / Management

7.24 Each risk either explicitly or implicitly identified within this paper is reviewed by the corporate risk manager and head of clinical governance to ensure it is captured on the appropriate risk register (if applicable) and mitigations are in place.

Relevance to Strategic Priorities

- The Forth Valley Board Quality Strategy*.*
- NHS Forth Valley Clinical Governance Implementation plan
- Leadership: Develop individual and collective responsibility to enable a collaborative approach to system leadership.
- Culture: Model behaviours and a culture where staff and patients feel valued, safe, and empowered
- Transformational Change: Reimagine and redesign the way we work to improve the health of the population of Forth Valley.
- Performance: Progress incremental and sustainable improvements in our system wide performance.

Equality Declaration

7.25 The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:
☒ Paper is not relevant to Equality and Diversity
☐ Screening completed - no discrimination noted
☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement, and consultation
- Safer Mobility Leadership Group,
- Deteriorating Patient Leadership Group
- Pressure Ulcer Improvement Group
- NHS Forth Valley Directorate Level Clinical Governance meetings
- Clinical Governance Working Group
- Clinical Governance Committee
- NHS Forth Valley Safer Together Collaborative

Appendices
- Appendix 1: Quality Management System Overview
- Appendix 2: Quality Management Activity

Appendix 1: Quality Management System Overview

QUALITY MANAGEMENT PROGRESS
Forth Valley Quality Management System
NHS Forth Valley activities to build Quality Management System to Provide Assurance, Data Insights, Opportunities for Quaility Planning across the system
Safeguard Improvements
Operational definition improvemnts to align with national reporting and improve local intellegence of harm, CA, Falls, PU, Catheter usage and Falls with harm
Safety Collaborative
IHI breakthrough series collaborative to support the delivery of organisational improvement aims while building capacity and capability in QI Science
Systems build
Scoping platforms to create access to data and intellegence from ward to board using data visualisation and statistical process control to signal changes in process and outcome measures
Experience Measures
Development of Graduate experience measure to inform the QMS of staff using the principles of the Magnet programme
Data Quality
Improvement to SPSP reporting, data visualisation and production of data quality manual to set standard of Quality reporting
Assurance Measures
QMS Programme on track to deliver Assurance Measurement framework to give intellegence against all required care processes linked to strategic aims around safe care delivery
Workforce Measures
Improvement and development of measurement framework to support safe staffing, overall workforce insights and strengthening of governance
eObs and EPR Implementation
Launch of digital observations as a first step in care process efficiency and capture of 'Big Data' to improve understanding of our system

Appendix 2: Quality Management Activity

QUALITY MANAGEMENT ACTIVITY

SAFETY COLLABORATIVE

Delivery by November 2025 across all Harms via the development of a 15 month Breakthrough Series Collaborative Model. LS1 20th of Novemeber with a further 3 learning session to support staff through thier QI activity.

SAFEGUARD IMPROVEMENTS

Delivery of new Operational definitions by the 31st of October including education programme for staff to improve reporting across Harms including Cardiac arrest, Pressure injury, Falls and Falls with harm. With development of NCAA data to improve access for reporters and clinical staff.

POLICY COMISSIONING

QMS activity has provided an opportunity to improve Policy across a number of care thematics. Policy currently in development

Cardiac Arrest
Safer Mobility
Pressure Area Care
Catherter Care
Deteriorating Patient
Clinical Observations

QMS ASSURANCE MEASUREMENT FRAMEWORK

Final phase of development of NHS FV Assurance measures built from evidence base and national reporting requirements to provide ward to board assurance across care quality, experience and workforce.

DIGITAL ENABLERS

Implementation of eOBs and assessment programme with initial scoping of EPR timelines. Opportunity for automation of digital care processess to provide system wide assurance whilst releasing time to care. Real opportunity for predictive analysis of acuity with ablitiy to triangulate with workforce and broader quality measures.

FORTH VALLEY NHS BOARD
26 November 2024

17(b). Healthcare Associated Infection (HAI) Reporting Template October 2024
For: Assurance

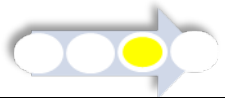
Executive Sponsor: Prof Frances Dodd, HAI Executive Lead
Author: Jonathan Horwood, Area Infection Control Manager

Executive Summary
The Healthcare Associated Infection Reporting Template (HAIRT) is mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley

Recommendations
The Forth Valley NHS Board is asked to: -

- **note** the HAIRT report.
- **note** the performance in respect for SABs, DABs, CDIs & ECBs
- **note** the detailed activity in support of the prevention and control of Health Associated Infection

Assurance

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- The report provides assurance that relevant published information is shared with the clinical teams for either information or action.
- Proposed assurance level is reasonable. The Infection Prevention and Control Team have provided assurance that the report has been shared and actioned appropriately.

Key Issues to be Considered

- Total SABS remain within control limits. There was one hospital acquired SAB in October.
- Total DABs remain within control limits. There were six hospital acquired DABs in October.
- Total CDIs remain within control limits. There were two hospital acquired CDIs in October.
- Total ECBs remain within control limits. There were five hospital acquired ECBs in October.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There was one mandatory surgical site infection in October.
- There were no outbreaks reported in October.

Implications

Financial Implications
None.

Workforce Implications
None.

Infrastructure Implications including Digital
None.

Sustainability Implications

None.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

□ *Yes*
√ *N/A*

Quality / Patient Care Implications
Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions.

Information Governance Implications
None.

Risk Assessment / Management
Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHS Forth Valley to meet both national and local standards/expectations.

Relevance to Strategic Priorities
AOP Standards in respect of SABs, ECBs & CDIs.

- No targets have been set currently although it is anticipated interim targets will be set by the end of the year.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (*please tick relevant box)*
□ Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee

Additional Information
None.

Appendices

- None

Healthcare Associated Infection Reporting Template (HAIRT)

October 2024

NHS Forth Valley

Infection Prevention
& Control Team

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI	Healthcare Acquired Infection
SAB	*Staphylococcus aureus* Bacteraemia
DAB	Device Associated Bacteraemia
CDI	*Clostridioides* Infection
ECB	Escherichia Coli Bacteraemia
AOP	Annual Operational Plan
NES	National Education for Scotland
IPCT	Infection Prevention & Control Team
HEI	Healthcare Environment Inspectorate
SSI	Surgical Site Infection
SICPs	Standard Infection Control Precautions
PVC	Peripheral Vascular Catheter

Definitions used for *Staph aureus*, device associated and *E coli* bacteraemias

Definition of a bacteraemia
Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria. Bacteria can enter the bloodstream as a severe complication of infection (like pneumonia, meningitis, urinary tract infections etc), during surgery, or due to invasive devices such as PVCs, Hickman lines, urinary catheters etc. Transient bacteraemias can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock, which has a high mortality rate. Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones). Treatment for bacteraemia is with antibiotics for many weeks in some circumstances, however cases such as *Staph aureus* bacteraemia usually 14 days of antibiotic therapy is required.

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

- Hospital acquired is defined when a positive blood culture is taken >48 hours after admission i.e. the sepsis is not associated with the cause of admission. An example would a patient with sepsis associated from an infected peripheral vascular catheter.

Healthcare acquired

- Healthcare acquired is defined when a positive blood culture is taken <48 hours after admission but has in the last three month had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

Nursing home acquired

- Nursing home acquired is defined when a positive blood is taken <48 hours after admission and when symptoms associated with sepsis developed at the nursing home.

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Performance at a glance:

***Staph aureus bacteraemia* - total number this month: 4**

- There was one hospital acquired SAB this month.
- There were three healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 8

- There were six hospital acquired DABs this month.
- There were two healthcare acquired DABs this month.
- Total DAB case numbers remained within control limits this month.

***Clostridioides difficile* infection – total number this month: 4**

- There were two hospital acquired CDIs this month.
- There were two healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 13**

- There were five hospital acquired ECBs this month.
- There were 8 healthcare acquired ECBs this month.
- Total ECB case numbers remained within control limits this month.

Surgical site infection surveillance

- There was one c-section surgical site infection reported within the mandatory reporting period this month.

HAI Recorded Deaths

- There were no MRSA or *C.difficile* recorded deaths this month.

HAI Surveillance

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

Staph aureus bacteraemias (SABs)

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly.

Total number of SABs this month; **4** compared to **9** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2024 – date) = **28**

- Hospital acquired = **1**
  - PVC (No attributed ward)

  There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **3**
  - Wound
  - Respiratory tract
  - Post procedural

  There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired SABs this month.

Breakdown

There were **846** blood cultures taken this month, of those there was in total **4** blood cultures that was associated with devices. This accounts for **0.5%** of all blood cultures taken this month. There was **1** hospital acquired DABs this month; this accounts for **0.1%** of all blood cultures taken this month.

Hospital SAB:

- PVC; not attributed to ward due to patient potential contribution to infection and compliance with device management.

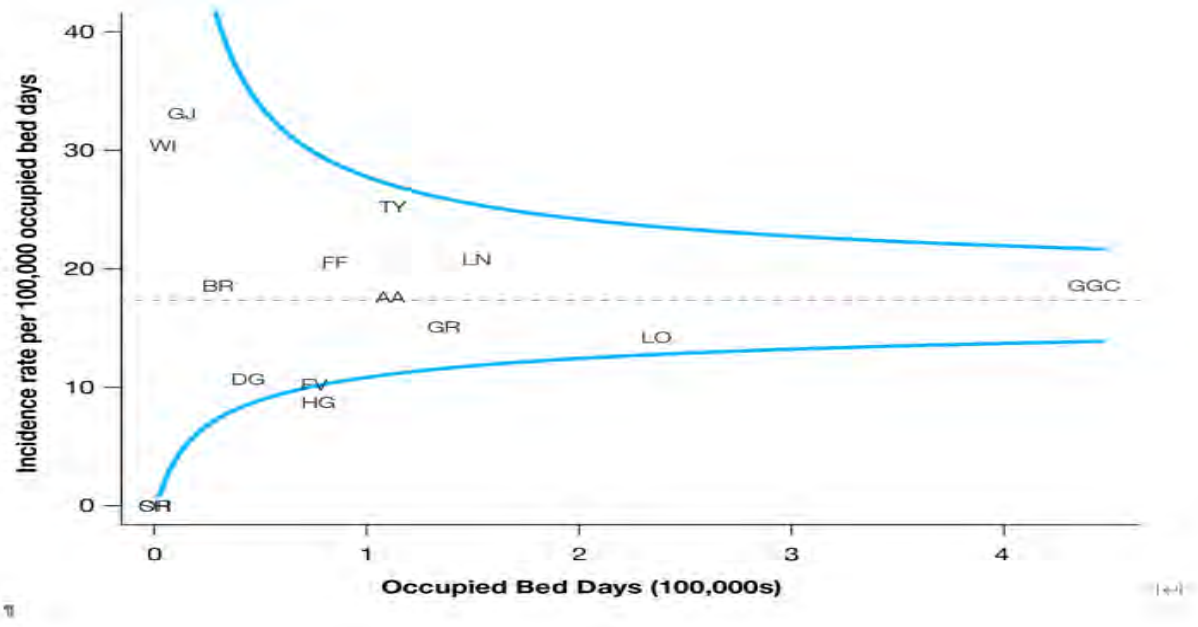
NHS Forth Valley's approach to SAB prevention and reduction

All *Staph aureus* bacteraemia are monitored and reported by the IPCT. Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a monthly basis. The analysis of the data enables the IPCT to identify trends in particular sources of infections, such as Hickman line infections etc and identifying areas requiring further support. The data also influences the direction of the HAI annual workplan.

National Context

All SABs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 2 report (April – June 2024) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV is below the national mean.



Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

NHS Forth Valley's approach to DAB prevention and reduction
Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

Total number of DABs this month; **8** compared to **13** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2024 – date) = **44**

- Hospital acquired = **6**
  - Urinary Catheter long term x 2 (No attributed ward)
  - Urinary Catheter short term x 1 (No attributed ward)
  - PVC (No attributed ward) x 1
  - CVC (No attributed ward) x 2

  There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **2**
  - Urinary Catheter long term x 2

  There was no data exceedance for healthcare acquired DABs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired DABs this month.

Breakdown
There were **846** blood cultures taken this month, of those there was in total **8** blood cultures that was associated with devices. This accounts for **0.9%** of all blood cultures taken this month. There was **2** hospital acquired DABs this month; this accounts for **0.2%** of all blood cultures taken this month.

Hospital DABs:

- **Short term urinary catheter**; patient catheterised due to retention, infection developed following removal.
- **PVC**; refer to SAB section above.
- **CVC**; RDU patient admitted with NSTEMI. Dialysis line infection developed while in Cardiology ward. Not attributed to ward as line care performed by RDU.
- **Long term urinary catheter**; Infection developed following catheter being dislodged on numerous occasions.
- **CVC;** ICU patient treated for suspected line infection. Not attributed to the ward due to completed documentation.
- **Long term urinary catheter**; patient developed urosepsis following episodes of traumatic removal of catheter.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction
E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

Total number of ECBs this month - **13** compared to **17** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **87**

- Hospital acquired = **5**
  - Unknown x 2 (No attributed ward)
  - Urinary Catheter long term x1 (No attributed ward)
  - Urinary Catheter short term x 1 (No attributed ward)
  - CVC x 1 (No attributed ward)

  There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **8**
  - Unknown x 1
  - Urinary Catheter long term x 2
  - Renal x 2
  - Hepatobiliary x 3

  There was no data exceedance for healthcare acquired ECBs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired ECBs this month.

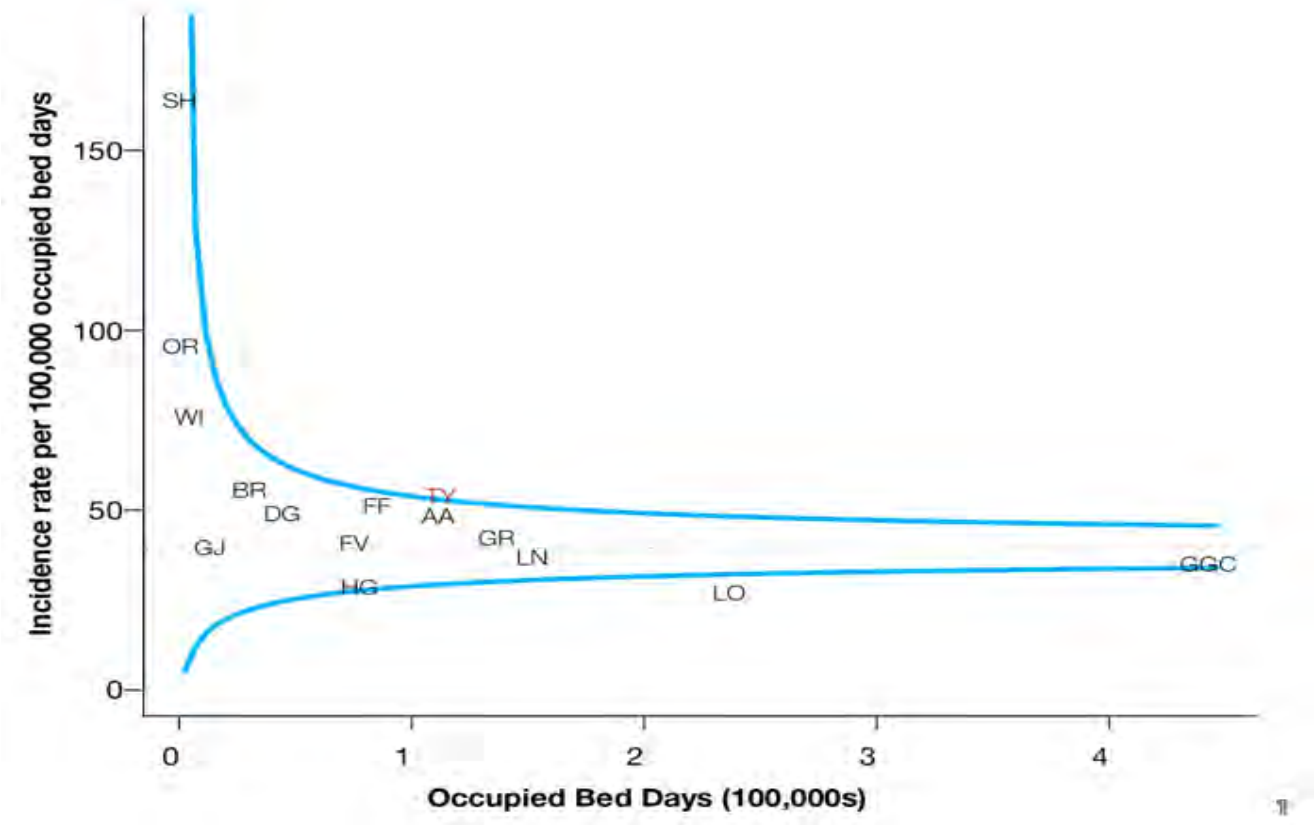
Breakdown
There were **846** blood cultures taken this month, of those there were in total **13** blood cultures that grew *E. coli*. This accounts for **1.5%** of all blood cultures taken this month. There were **5** hospital ECBs this month, this accounted for **0.6%** of all blood cultures taken.

Hospital ECBs:

- **Unknown;** unable to identify source of infection following investigation.
- **Short term urinary catheter;** patient catheterised due to retention, infection developed following removal.
- **Unknown**; unable to identify source of infection following investigations.
- **Long term urinary catheter**; infection developed following catheter being dislodged on numerous occasions.
- **CVC**; ICU patient treated for suspected line infection. Not attributed to the ward due to completed documentation

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from ARHAIs Quarter 2 report (April – June 2024) highlighting Forth Valley's position compared to all other boards in Scotland.



Clostridioides difficile infection (CDIs)

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with C. difficile resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with C. difficile. NHSFV has met its targets over the years and has maintained a low rate of infection.

C. difficile can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing C. difficile to proliferate and cause infection. This is the predominant source of infection in Forth Valley. C. difficile in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

Cause definitions for Clostridioides difficile infections

Hospital acquired

- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

Healthcare acquired

- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc.

Nursing home acquired

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission.

GP acquired

- GP associated CDI infections are not required to be reported nationally, however, locally it is considered important to monitor and report infections deriving from GP practices. All CDI infections from GPs are reviewed and investigated to the same standard as hospital infections to determine the cause of infection. In addition, data is shared with the Antimicrobial Management Group to allow the group to monitor overall antibiotic prescribing trends for individual GP practices.

NHS Forth Valley's approach to CDI prevention and reduction

Similar to our SABs and DABs investigation, patient history is gathered including any antibiotics prescribed over the last few months. Discussion with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as sometimes the organism isolated can be an incidental finding and not the cause of infection. Data is shared with the antimicrobial pharmacist and cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

Total number of CDIs this month; **4** compared to **5** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2024 – date) = **29**

- Hospital acquired = **2**
    - No attributed ward x 2

  There was no data exceedance for hospital acquired CDIs this month.

- Healthcare acquired = **2**
  There was no data exceedance for healthcare acquired CDIs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired CDIs this month.

- GP acquired = **1**
  (GP figures are not included in the total as it is not part of national reporting)

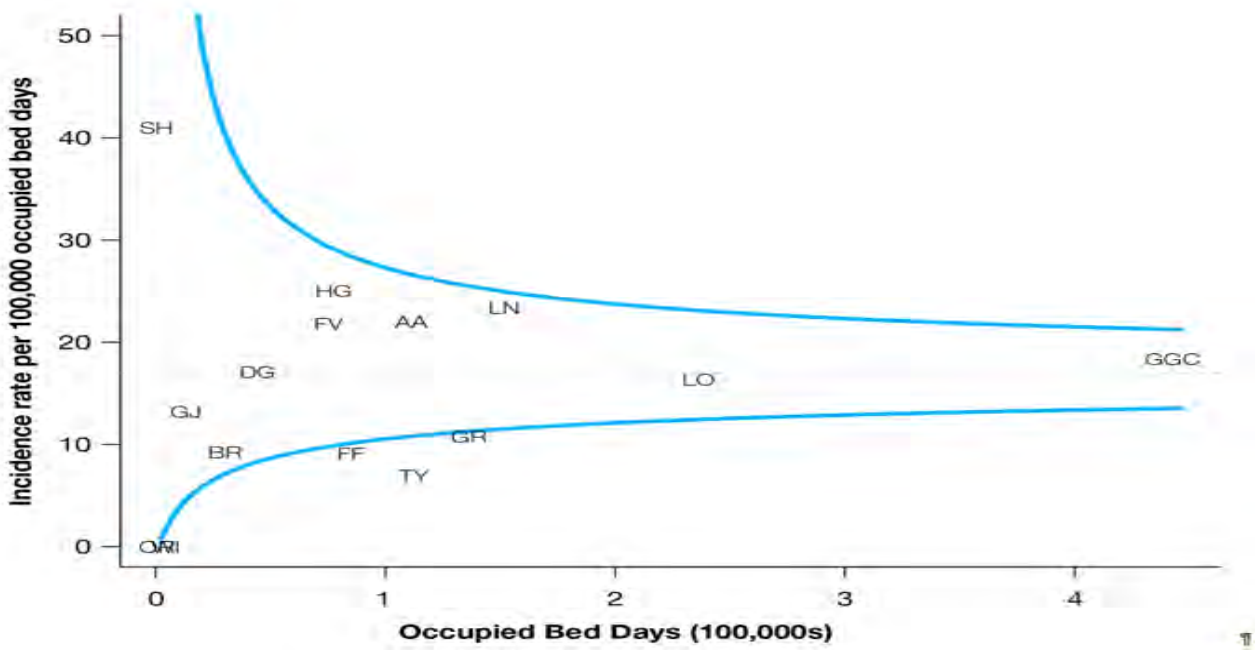
Hospital CDIs

- Patient admitted with fracture NOF post DHS had multiple antimicrobials since admission for chest infection and UTIs; known Crohn's disease on treatment and long-term PPI since 2019.

- Patient admitted with several co-morbidities and treated with multiple antibiotics.

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 2 report (April – June 2024) highlighting NHS Forth Valley's position compared to all other boards in Scotland.



Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post-surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. NHS Forth Valley infection rates are comparable to national infection rates.

NHS Forth Valley's approach to SSI prevention and reduction

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patient's weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates, and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates. The table below also contains local surveillance with an extended surveillance period of 90 days.

Procedure	**No of Procedures this month**	**No. of Confirmed SSIs this month (Mandatory 30 days)**	**No. of Confirmed SSIs this month (Local 90 days)**
Abdominal Hysterectomy	8	0	0
Breast Surgery	29	0	1
Caesarean Section	91	1	0
Hip Arthroplasty	74	0	0
Knee Arthroplasty	49	0	1
Large Bowel Surgery	17	0	0

Meticillin resistant Staphylococcus aureus (MRSA) & Clostridioides difficile recorded deaths

The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:

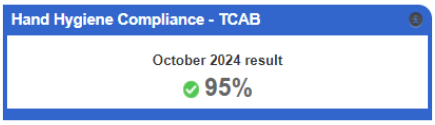
https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths

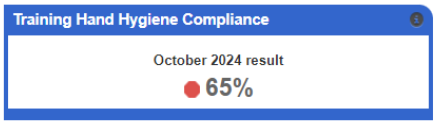
- There were no MRSA or *C. difficile* deaths reported this month.

Hand Hygiene Monitoring Compliance (%) Board wide

The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SICP audits.

The request by Board members to have this data broken down by staff groups is being further explored, it is not readily available for this report, but the feasibility of producing this for future reports is still being worked on.





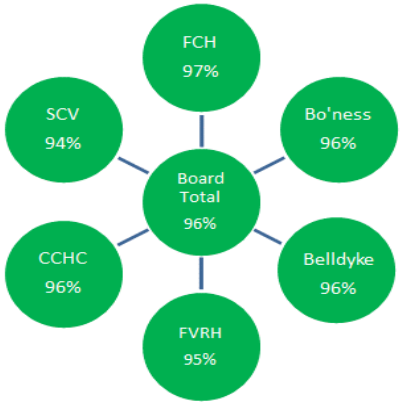
Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

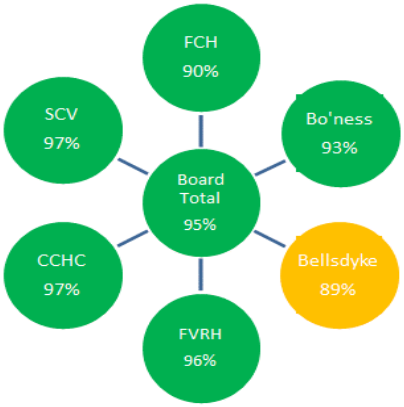
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital and Bellsdyke Hospital scores have improved this quarter. Falkirk Community hospital is now 90% and Bellsdyke has increased to 89%.

Estates & Domestic Cleaning Scores from Cleaning Dashboard July – September 2024



Cleaning Compliance



Estates Compliance

Colour		Description
●	**Green**	compliance level 90% and above - Compliant
●	**Amber**	compliance level between 70% and 90% - Partially compliant
●	**Red**	compliance level below 70% - Non-compliant

Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributary factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports and are discussed at the local Infection Control meetings.

The predominant non-compliance categories reported were Managing Patient Care Equipment category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. Control of the Environment, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area.

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

Below is a table detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	3	43	43	65	64	19	31	268
Primary Care & Mental Health Services	0	5	7	4	19	3	5	43
WC&SH Directorate	0	4	2	2	5	0	3	16
Totals	3	52	52	71	88	22	39	327

This month has seen an increase in non-compliances. Areas have been identified that have increased and work is ongoing with ward leads to reduce future non-compliances. Please note the increase in hand hygiene non-compliance is due to increases in the number of observations undertaken by the IPCT to align with the ward reported hand hygiene compliance scores (TCAB).

Please refer to the appendix for a further breakdown of non-compliances.

Incidence / Outbreaks

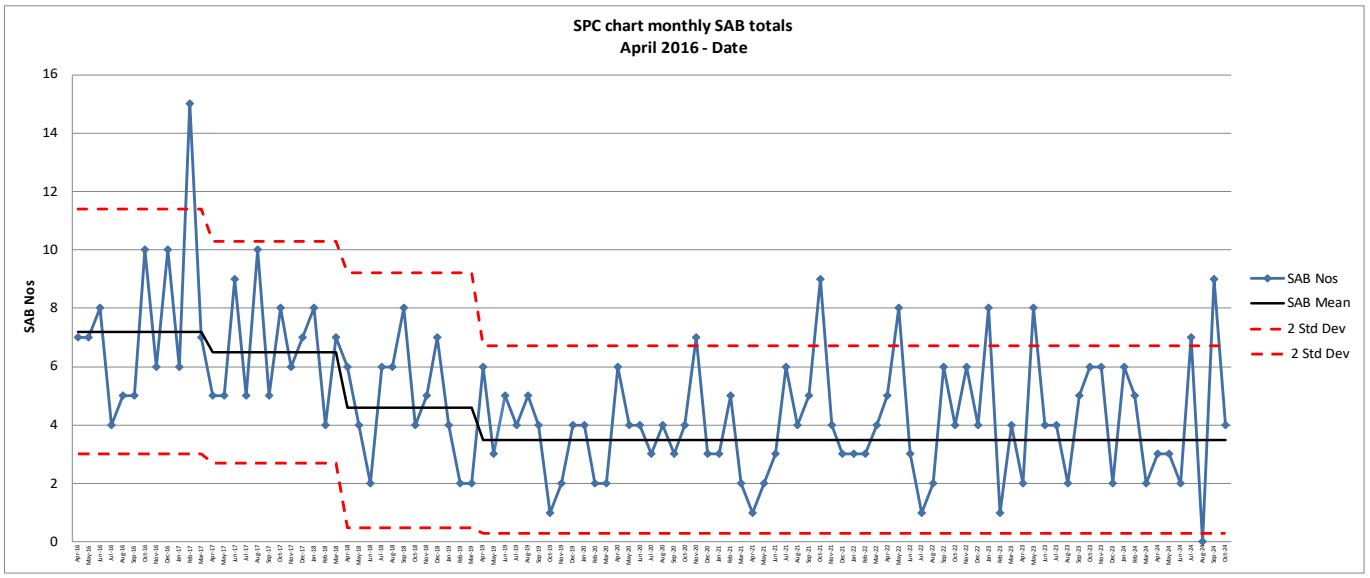
All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

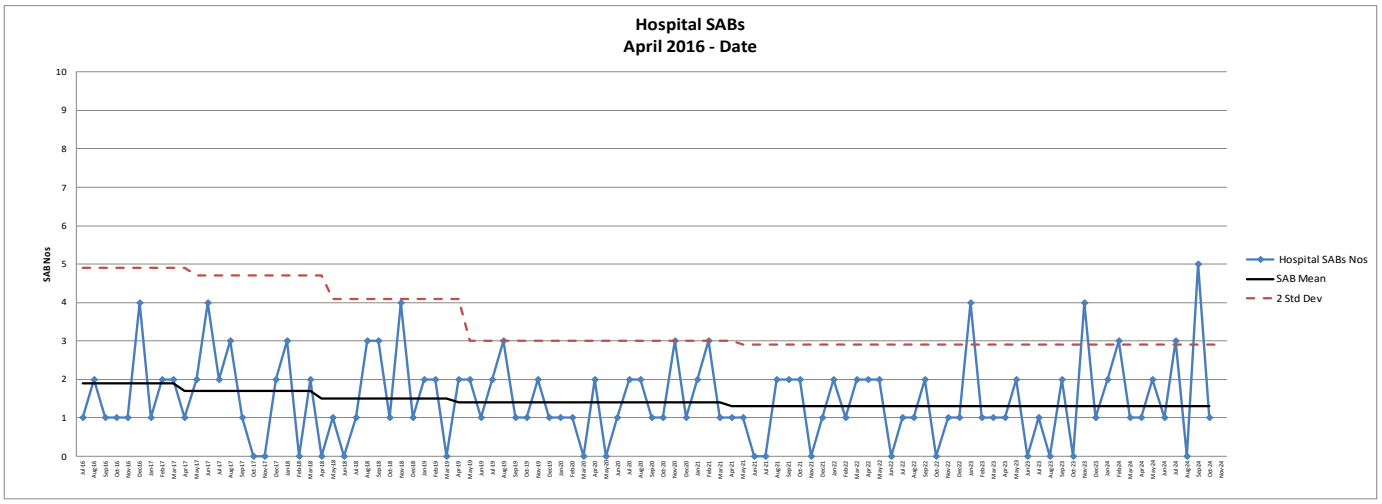
Healthcare Acquired Infection Incident Template (HAIIT)
The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

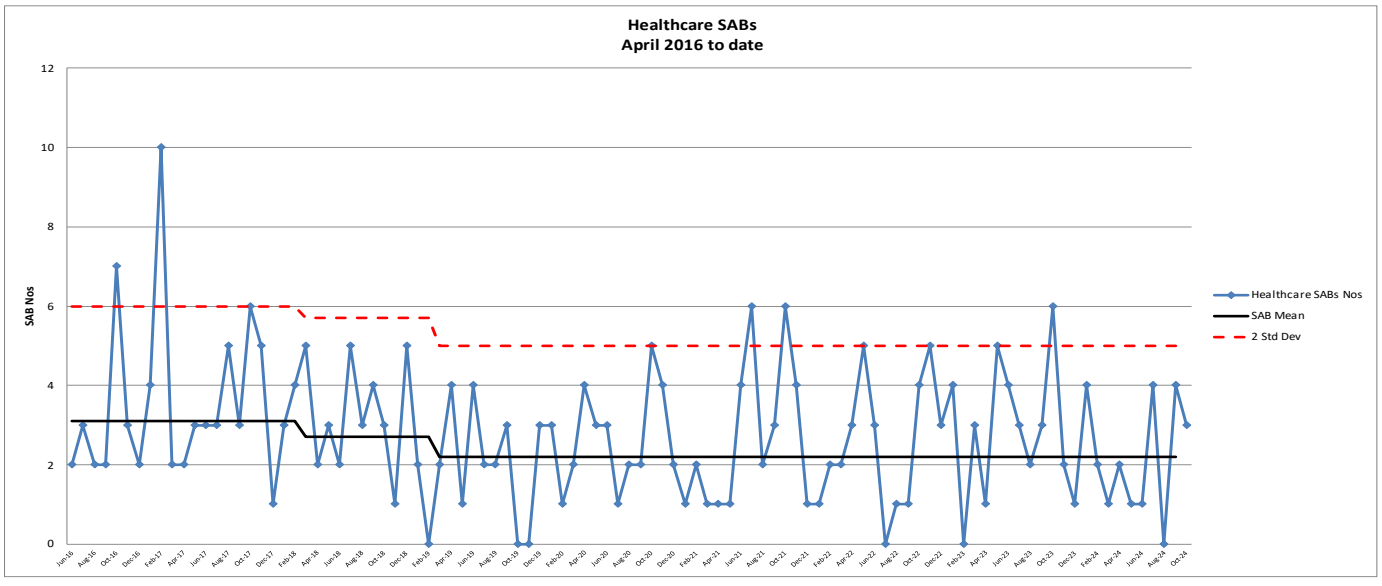
There were no outbreaks reported this month.

HAI Surveillance Statistical Processing Charts

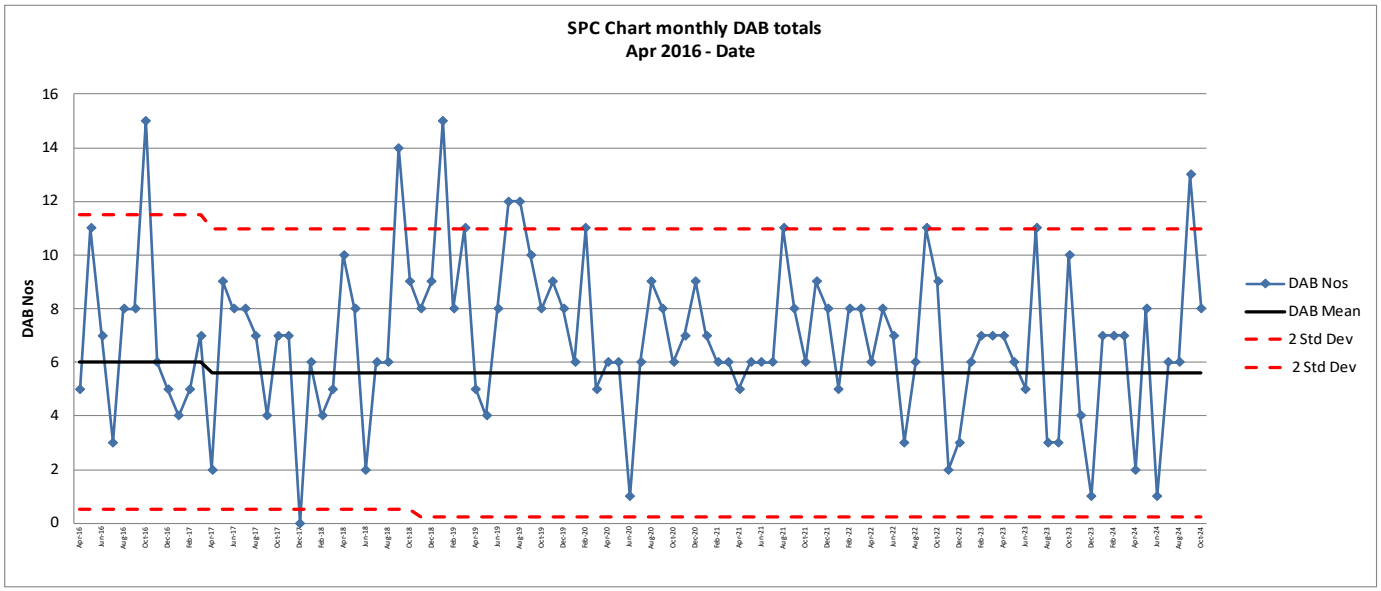
Staphylococcus aureus Bacteraemias (SABs)

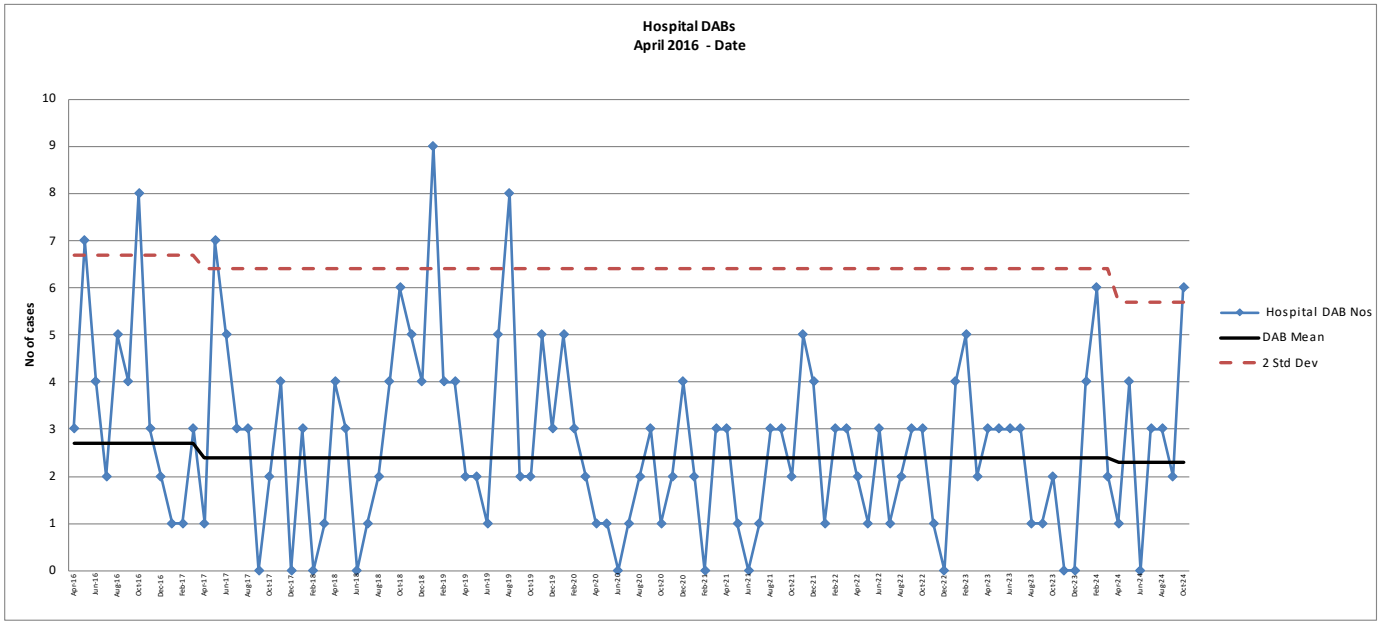


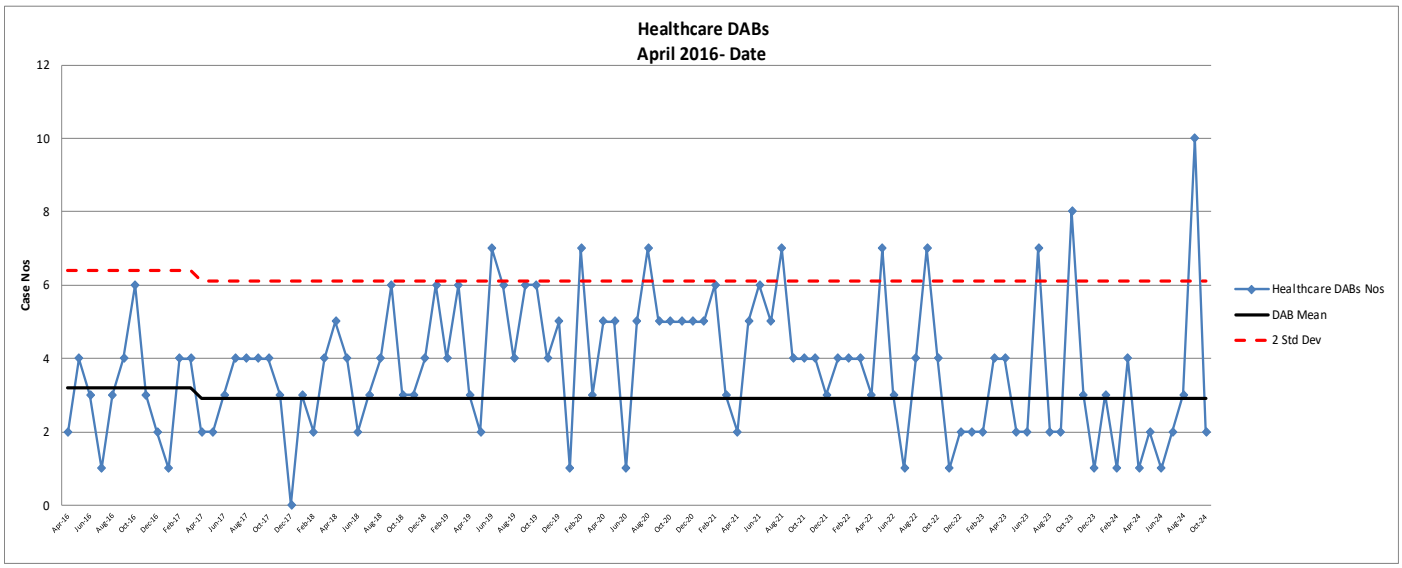




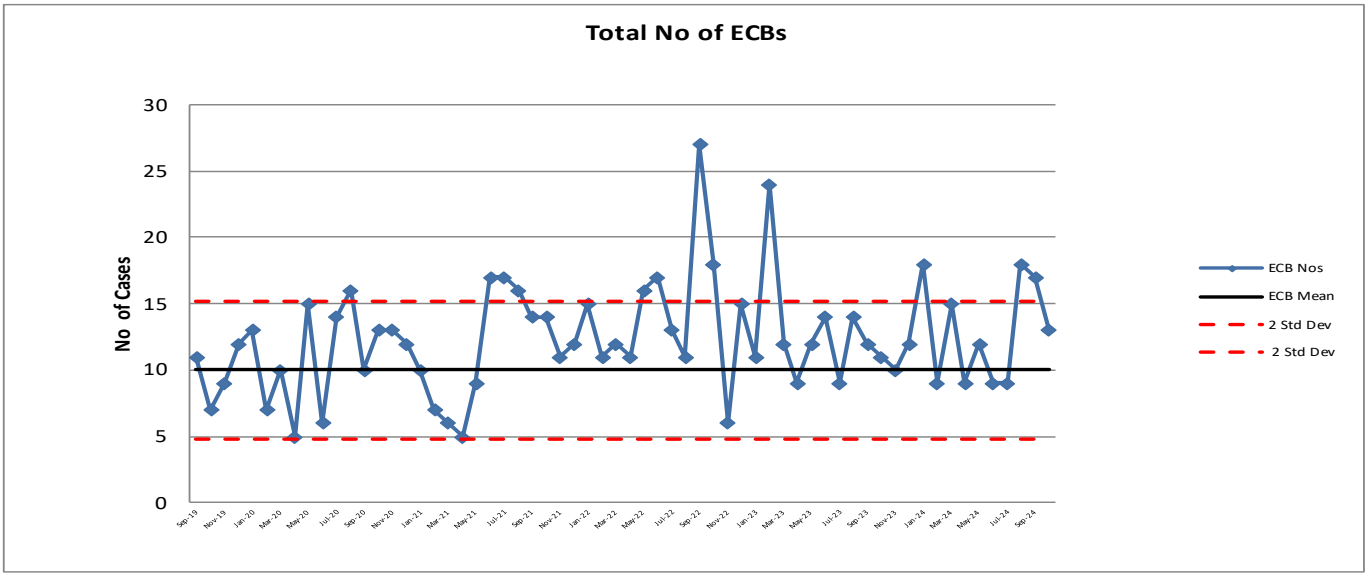
Device Associated Bacteraemias (DABs)

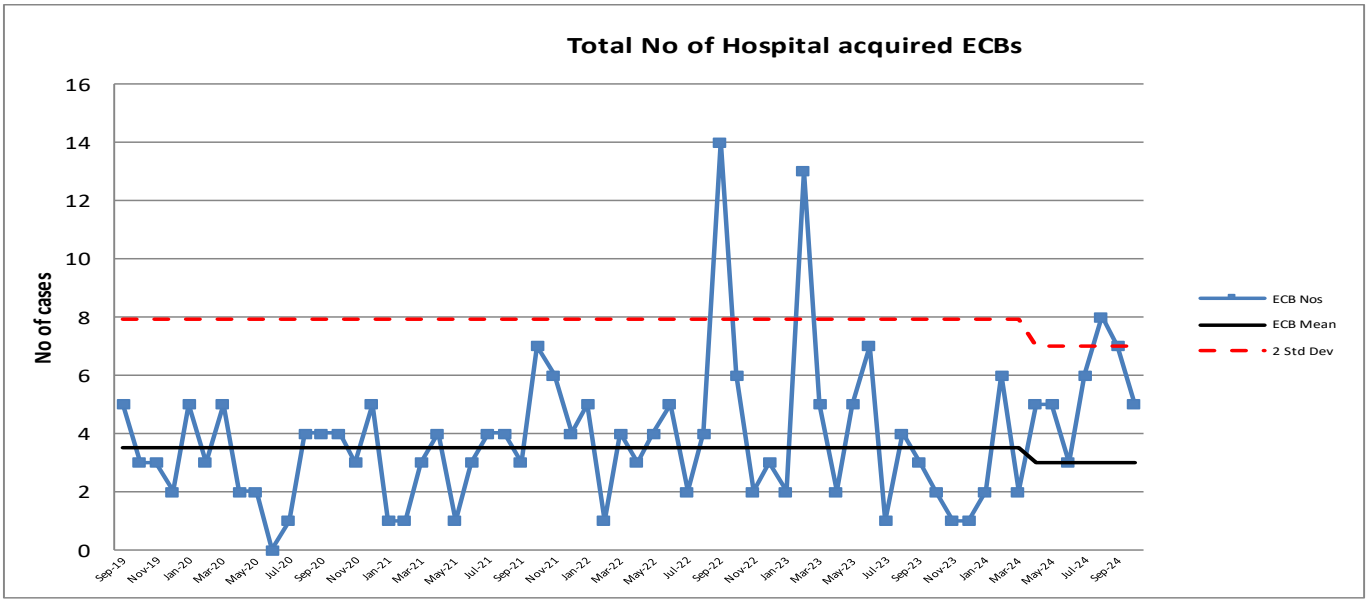


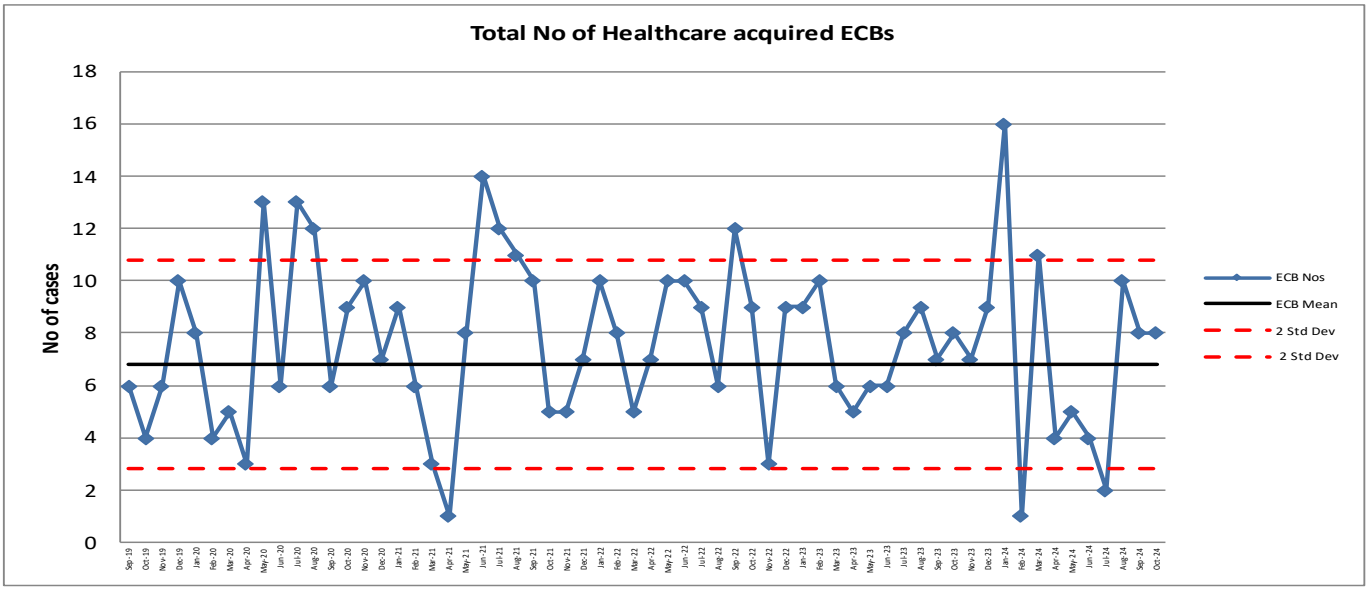




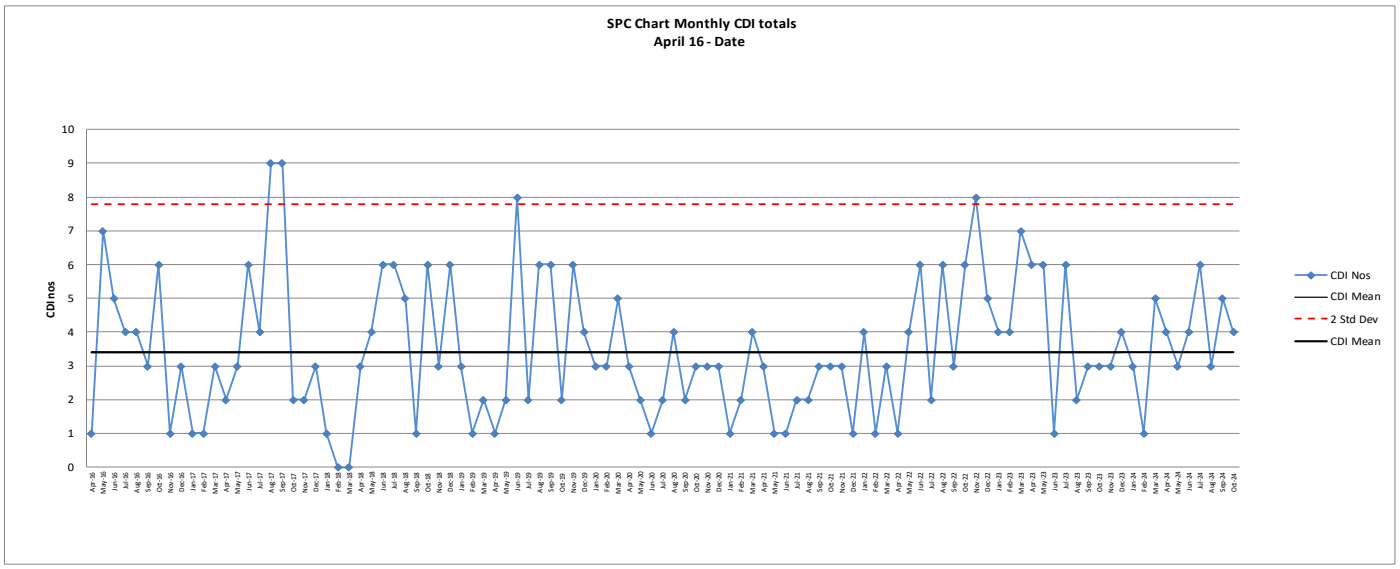
Escherichia coli Bacteraemias (ECBs)

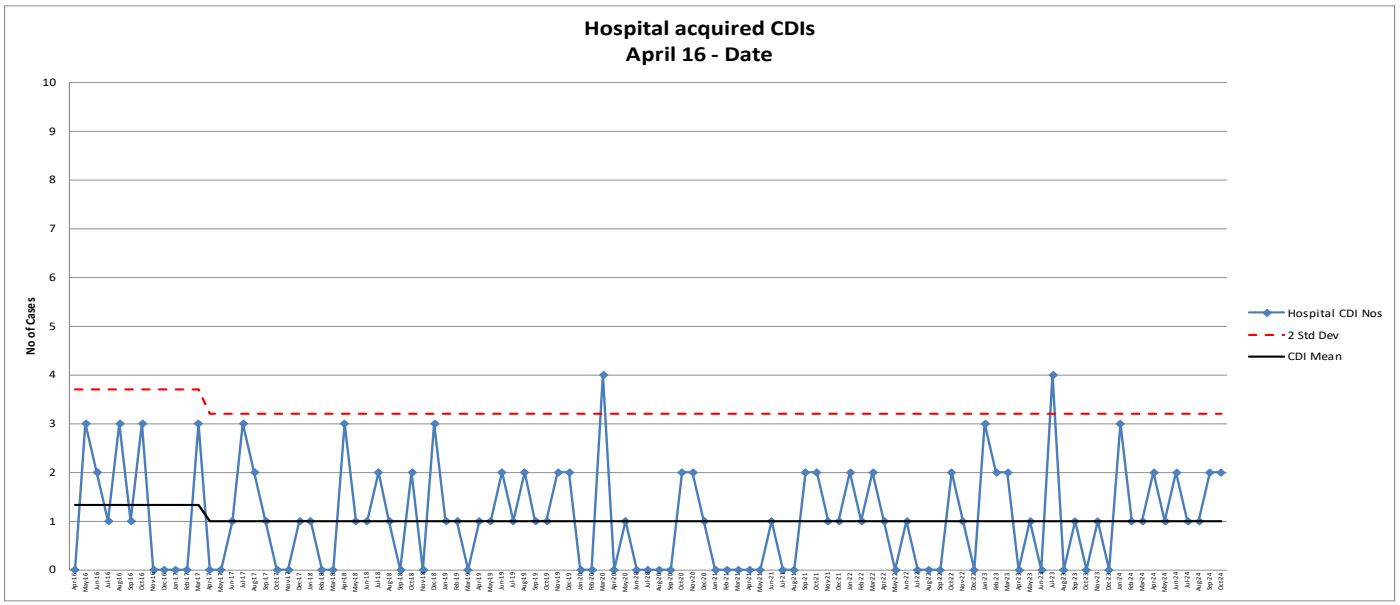


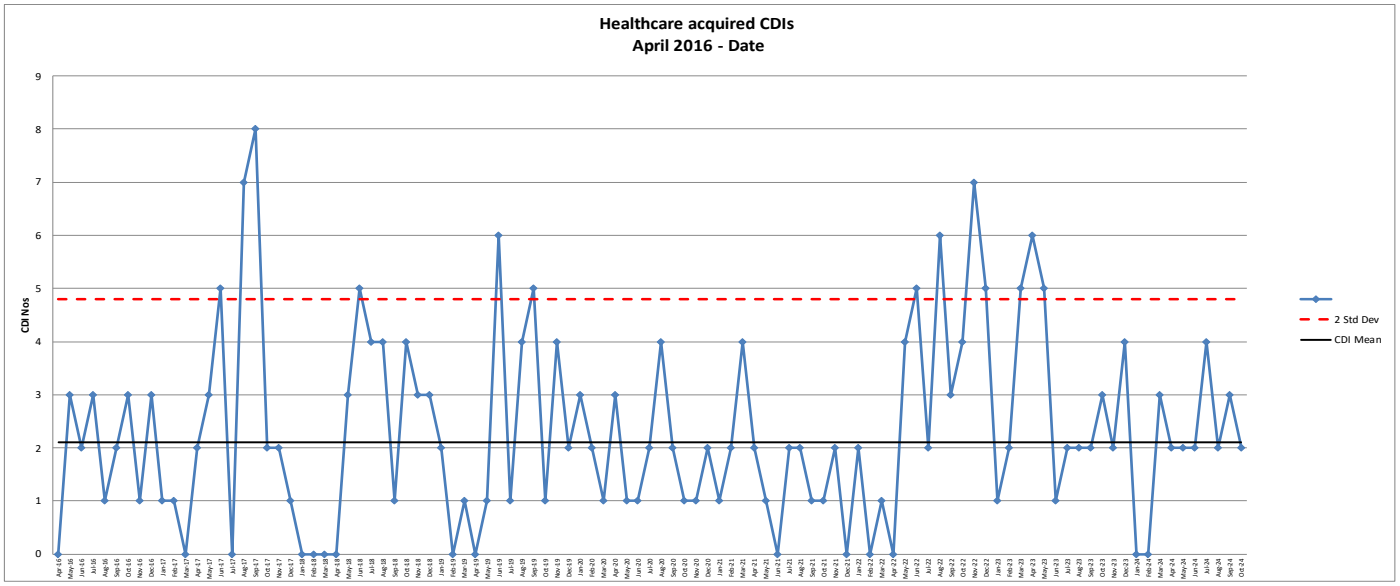




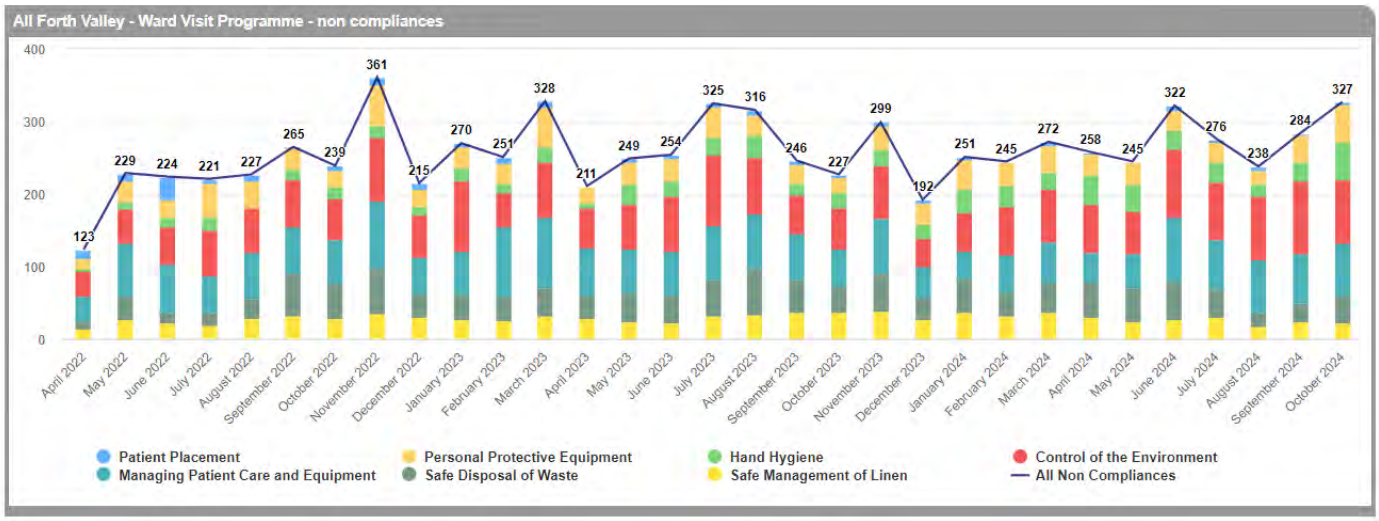
Clostridioides difficile Infections (CDIs)

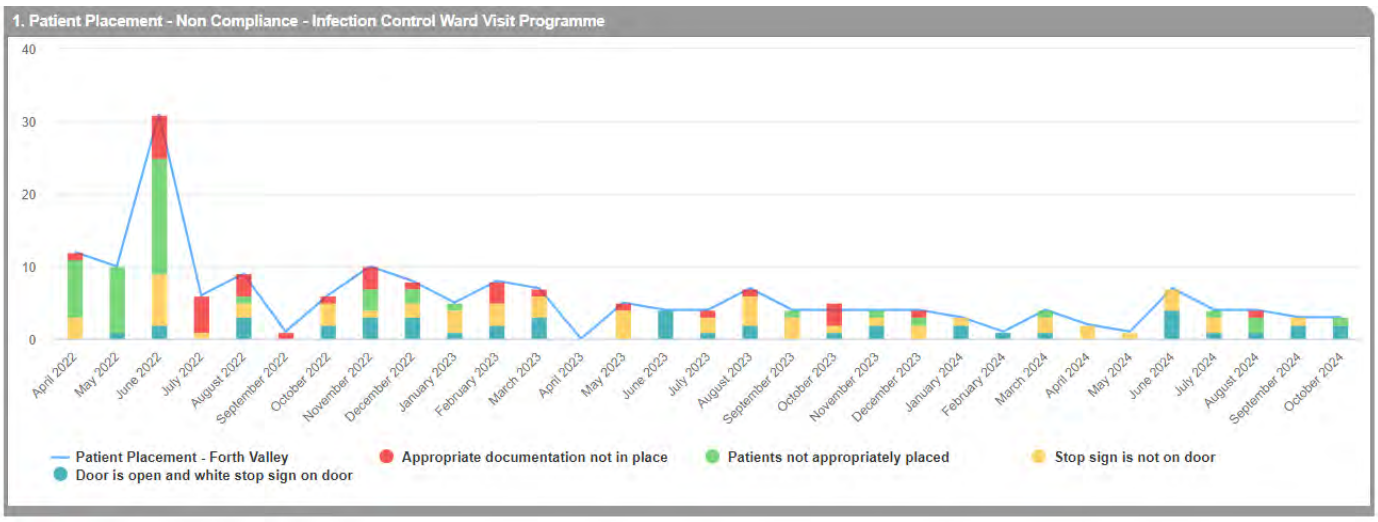


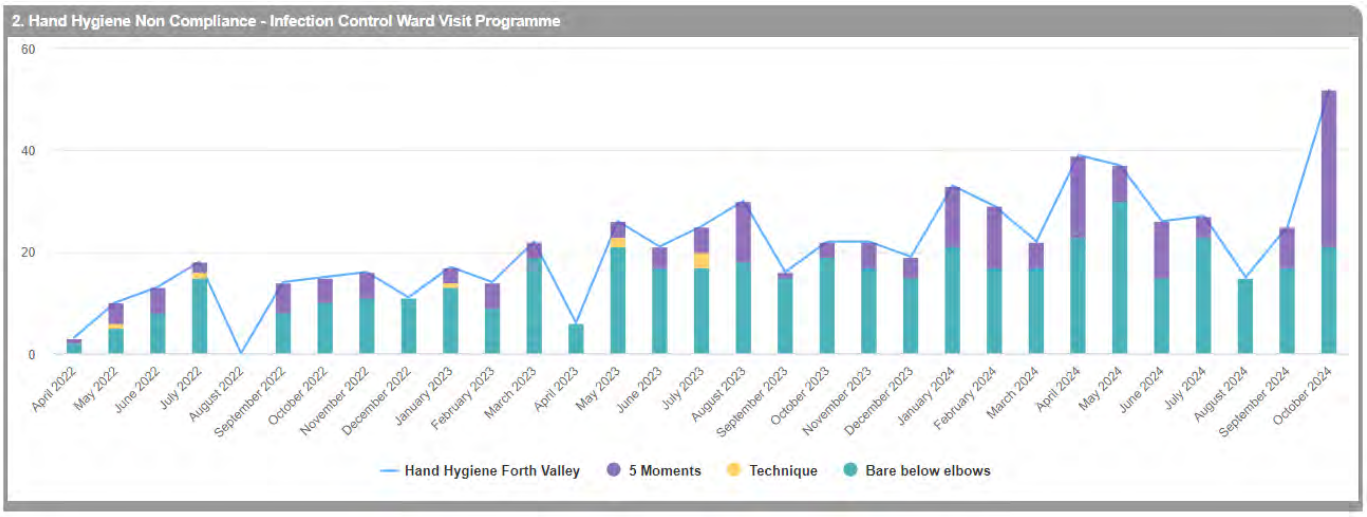




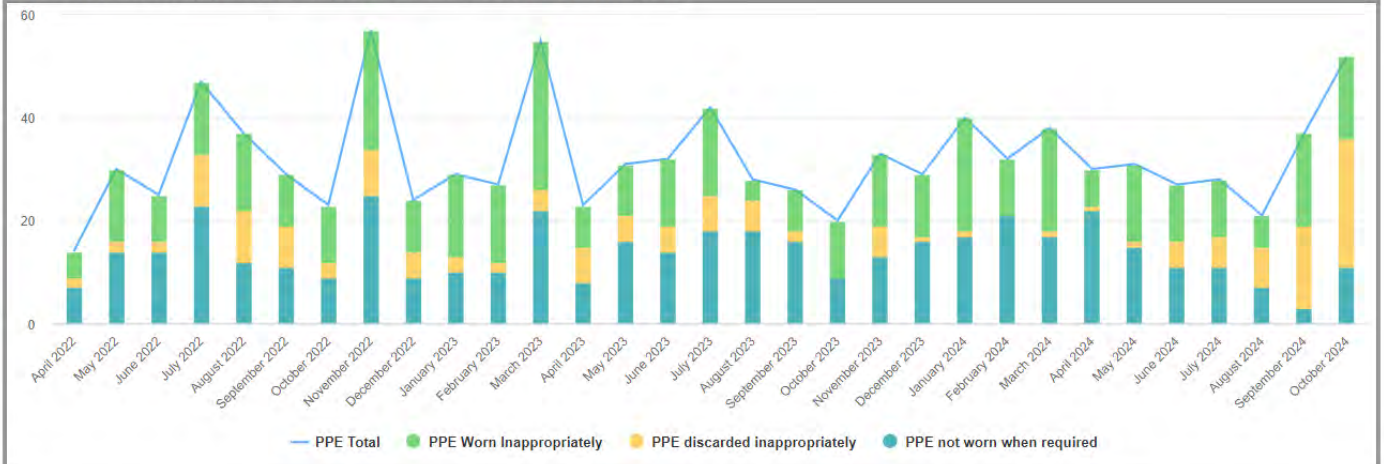
Ward Visit Non Compliances by SICP


All Forth Valley - Ward Visit Programme - non compliances
Patient Placement
Managing Patient Care and Equipment
Personal Protective Equipment
Safe Disposal of Waste
Hand Hygiene
Safe Management of Linen
Control of the Environment
All Non Compliances

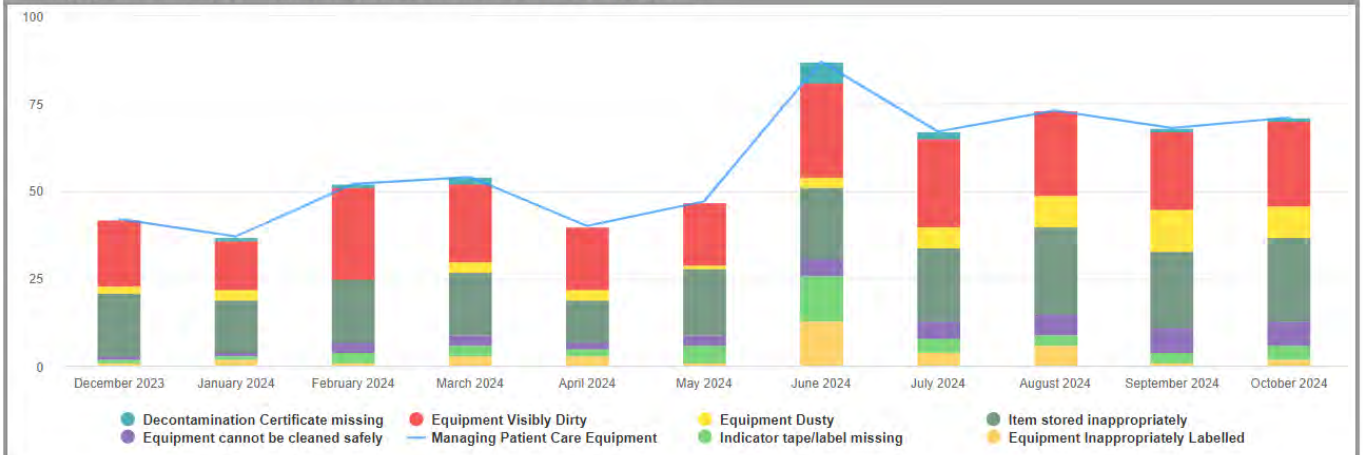

1. Patient Placement - Non Compliance - Infection Control Ward Visit Programme
Patient Placement - Forth Valley
Door is open and white stop sign on door
Appropriate documentation not in place
Patients not appropriately placed
Stop sign is not on door


2. Hand Hygiene Non Compliance - Infection Control Ward Visit Programme
Hand Hygiene Forth Valley
5 Moments
Technique
Bare below elbows

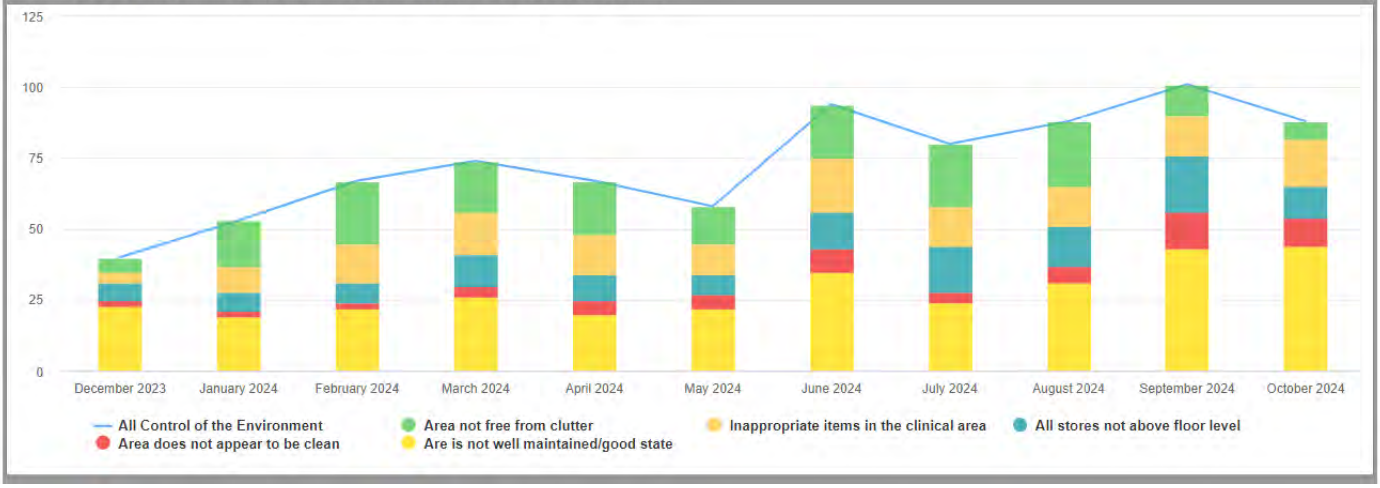
3. Personal Protective Equipment Non Compliance - Infection Control Ward Visit Programme

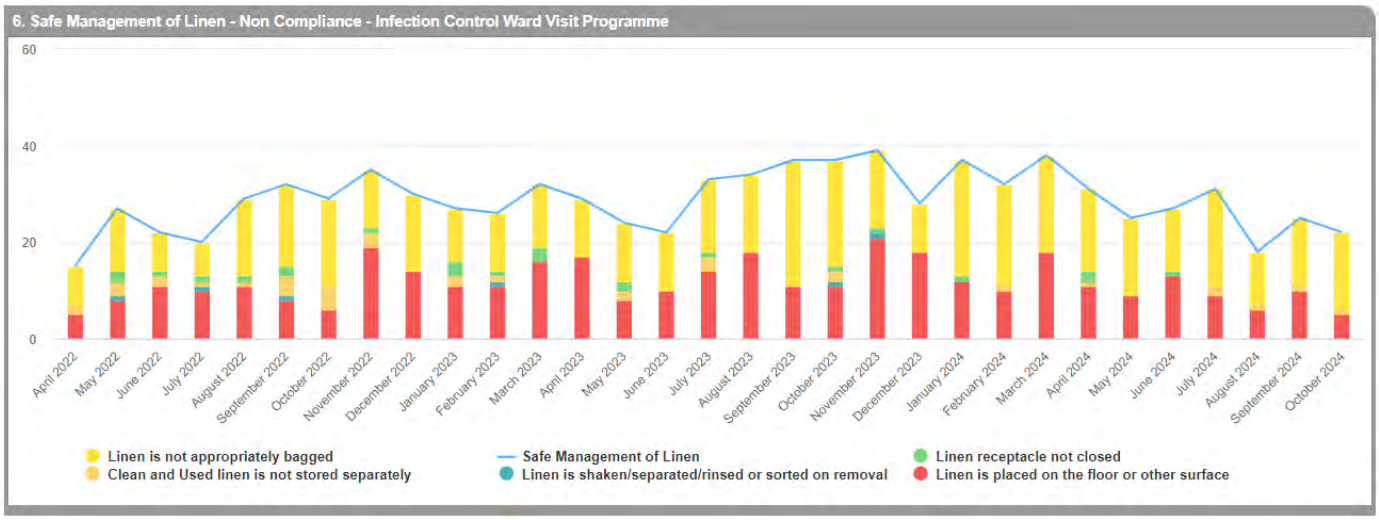


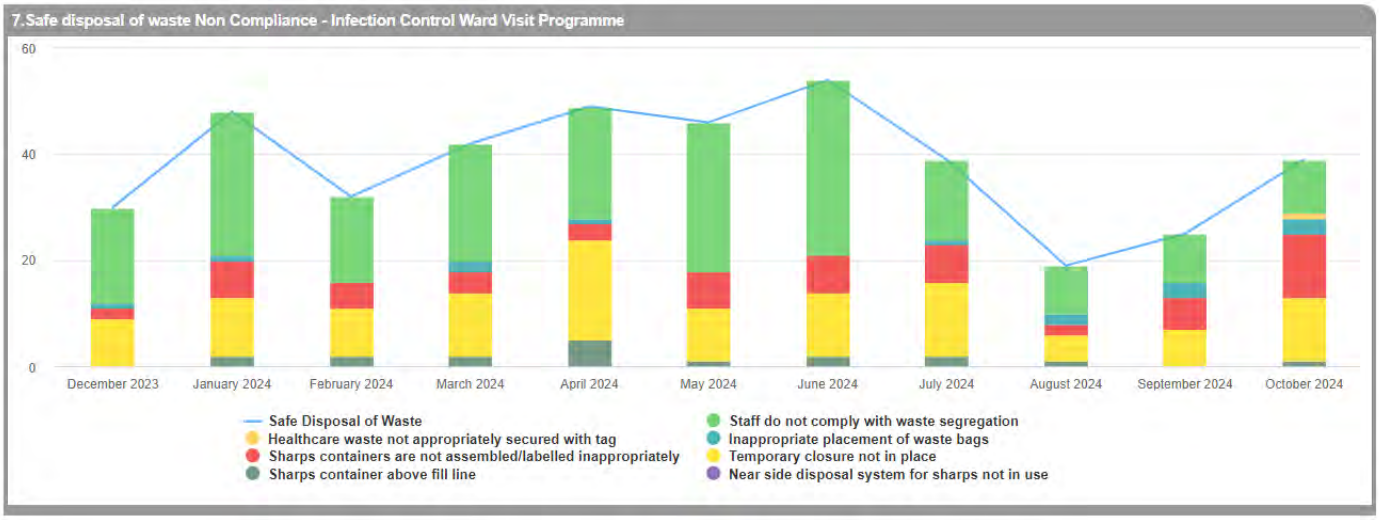
4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme



5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme




6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme
60
40
20
0
April 2022
May 2022
June 2022
July 2022
August 2022
September 2022
October 2022
November 2022
December 2022
January 2023
February 2023
March 2023
April 2023
May 2023
June 2023
July 2023
August 2023
September 2023
October 2023
November 2023
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
Linen is not appropriately bagged
Clean and Used linen is not stored separately
Safe Management of Linen
Linen is shaken/separated/rinsed or sorted on removal
Linen receptacle not closed
Linen is placed on the floor or other surface


7.Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme
60
40
20
0
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
Safe Disposal of Waste
Healthcare waste not appropriately secured with tag
Sharps containers are not assembled/labelled inappropriately
Sharps container above fill line
Staff do not comply with waste segregation
Inappropriate placement of waste bags
Temporary closure not in place
Near side disposal system for sharps not in use